

Name  
In  
Full

Louisa Albert

No 51  
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	Birth-place
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information	How related to deceased		

Funksburg Carroll Maryland

1906 Aug 3 62

Female White

Widow Maria

Albert known

" "

Albert son

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia	(93)	How long	one week
Immediate	"		How long	one week
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Myself	
		Address	Westminster Md	
Accident or Suicide?				

Zinkenburg

Name  
in  
Full

Mary E. Aldridge

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	Carroll	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	White	Birth-place	Md
Occupation	None	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Alfred Aldridge	Father's Birthplace			
Mother's Maiden Name	Nancy Selby	Mother's Birthplace			
Name of person giving Information	Mrs Webb	How related to deceased			

CAUSES OF DEATH

Primary Typhoid Fever  How long 3 weeks

Immediate Exhaustion  How long -

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

John Norfolk Morris, M.D.,  
Springfield State Hospital,  
Sykesville, Carroll Co., Md.

Address

Accident or Suicide?



Name  
In  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

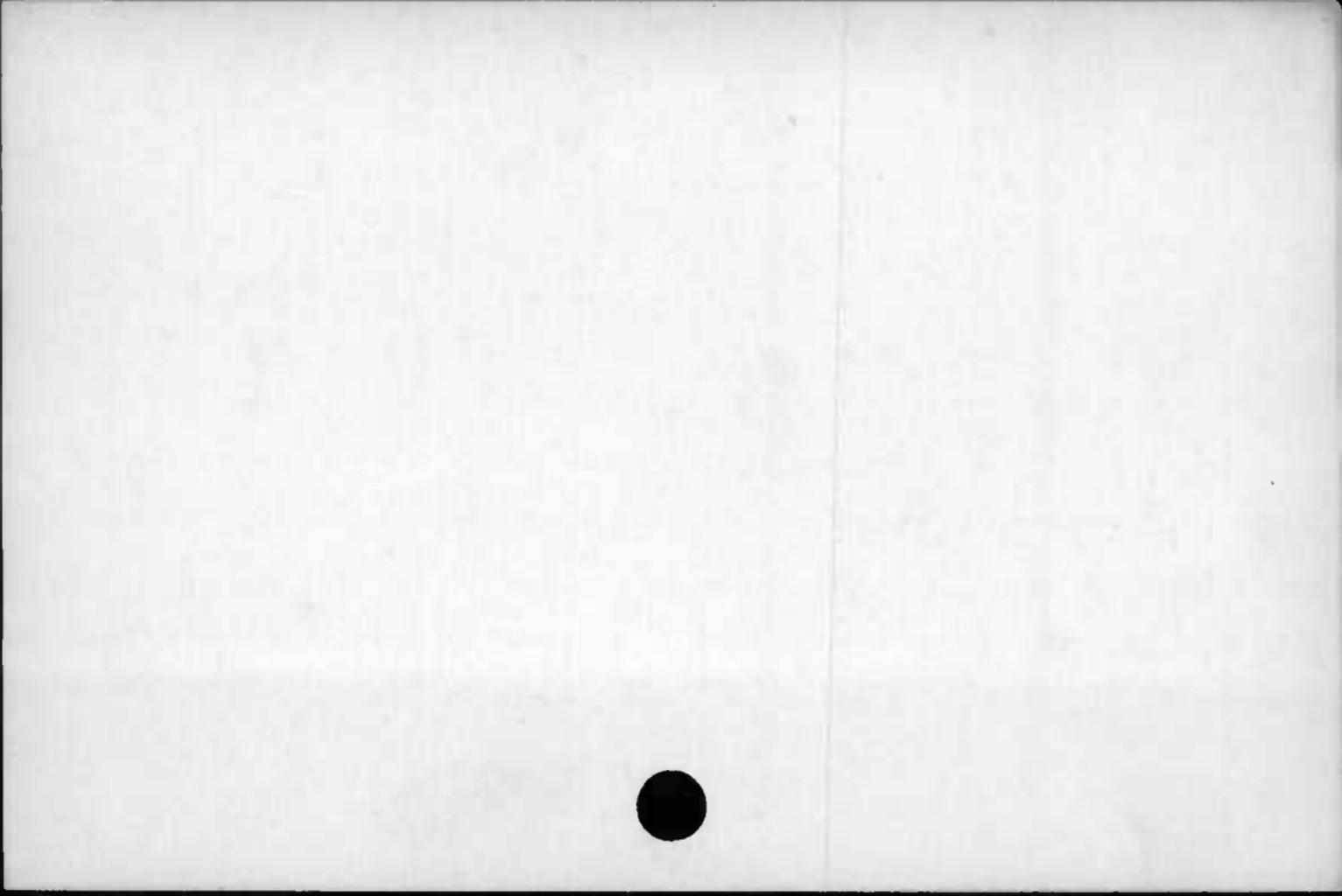
Jesse J. Arnold

CERTIFICATE OF DEATH

Town	County		MARYLAND	
Died at	Carroll			
Date of death	Month	Day	Years	Months Days
1906	Aug	28	56	7 28
Sex	Male	Color or Race	white	Birth-place
Occupation	Labor	Where Residing if not at place of death		
Married, Single or Widowed	married	Name of Wife or Husband	Mollie S. Arnold	Uniontown
Father's Name	John Arnold		(19)	Father's Birthplace
Mother's Maiden Name	Unknown			Mother's Birthplace
Name of person giving information	Mollie S. Arnold			How related to deceased
				Daughter

CAUSES OF DEATH

Primary	Valvular Heart Disease	How long	Two years
Immediate	Heart Stop	How long	Instantaneous
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Lester Kemp
		Address	Elmwood Avenue No.
Accident or Suicide?			



Name  
in  
Full

Frances Marie Ashburn

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Carroll	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	White	Birth-place	Va.
Occupation	Where Residing if not at place of death				-
Married, Single or Widowed	Widow		Name of Wife or Husband		
Father's Name	Dawson				Father's Birthplace
Mother's Maiden Name	Mary Kirkham				Mother's Birthplace
Name of person giving information	Rida P. Ashburn				How related to deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Senile Dementia

(154)

How long about one year

Immediate Exhaustion

How long -

Are the name, age, sex, color, date and place correctly given above?

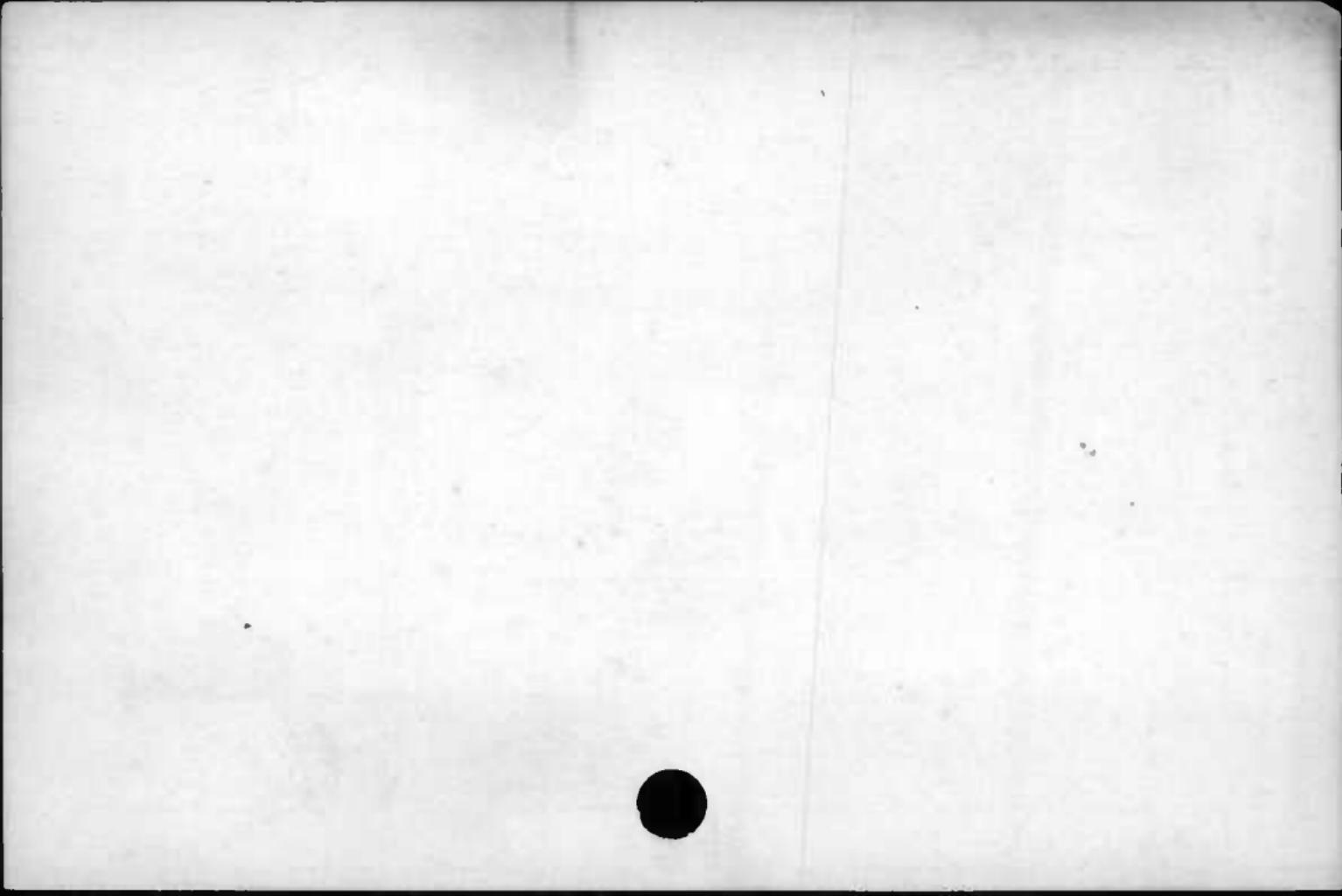
yes

Signature of Physician

Address

John Norfolk Morris M.D.,  
Springfield Hospital,  
Sykesville, Carroll Co. Md.

Accident or Suicide? -



## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Joseph N. Bankert

Town

Mount Pleasant

County

Lancaster

MARYLAND

Died at Date of death 1904 Month August Day 28 Years Age Months Days

Sex Male Color or Race White Birth-place Carroll Co.

Occupation Where Residing if not at place of death

Married, Single  
or Widowed

Name of Wife or Husband

Father's Name

Edward Bankert

Father's Birthplace

Ind

Mother's Maiden Name

Annie Bernicker

Mother's Birthplace

Ind

Name of person giving information

John Bernicker

How related to deceased

Grand Father

## CAUSES OF DEATH

Primary

Cerebral Infarction

How long

One week

ediate

Convulsions

How long

Are the name, age, sex, color, date  
a. J place correctly given above?

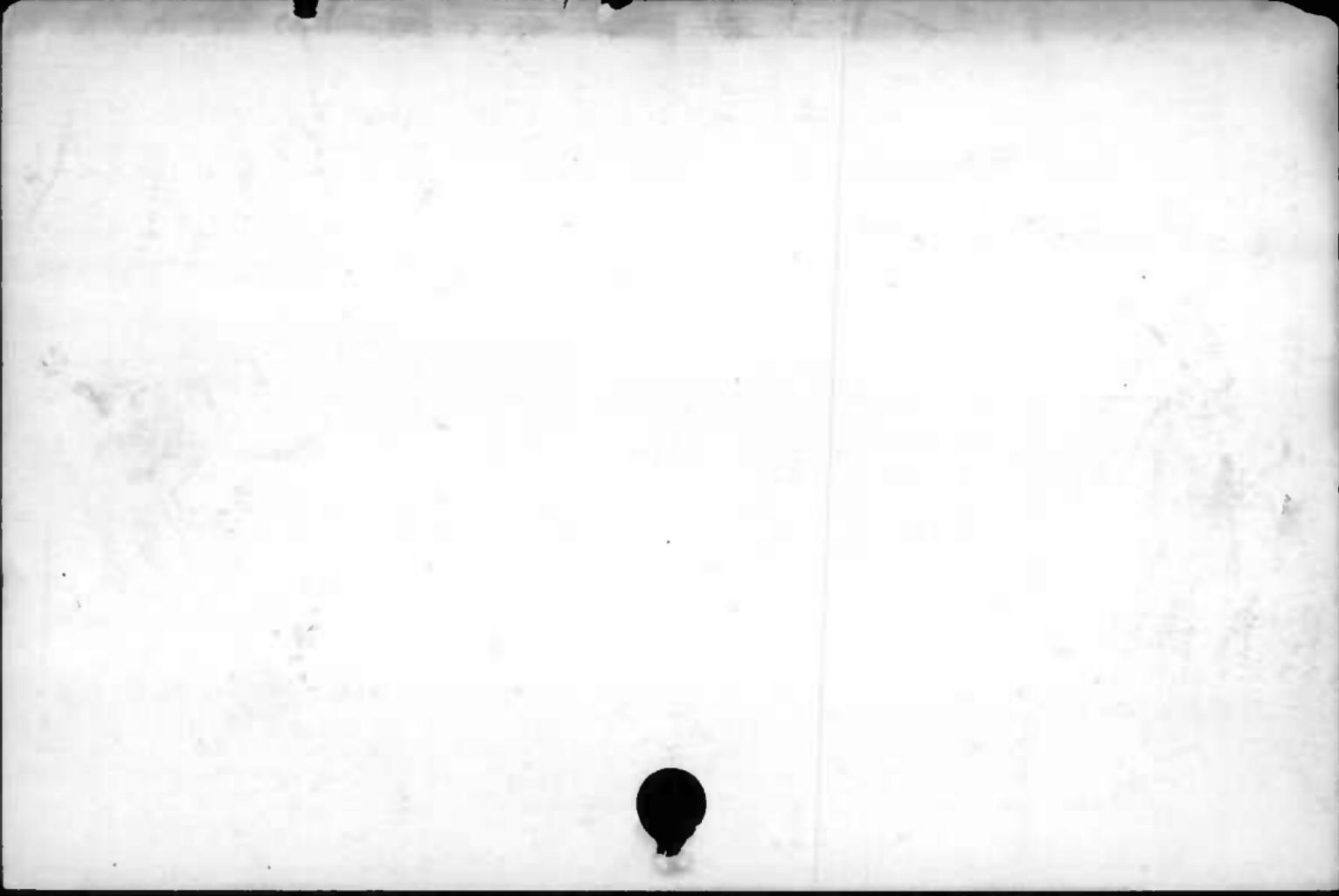
Yes

Signature of Physician

Address

J. J. Stewart  
Union Mills  
Md

Accident or Suicide?



Name  
in  
Full

Catherine C. Betz

CERTIFICATE OF DEATH

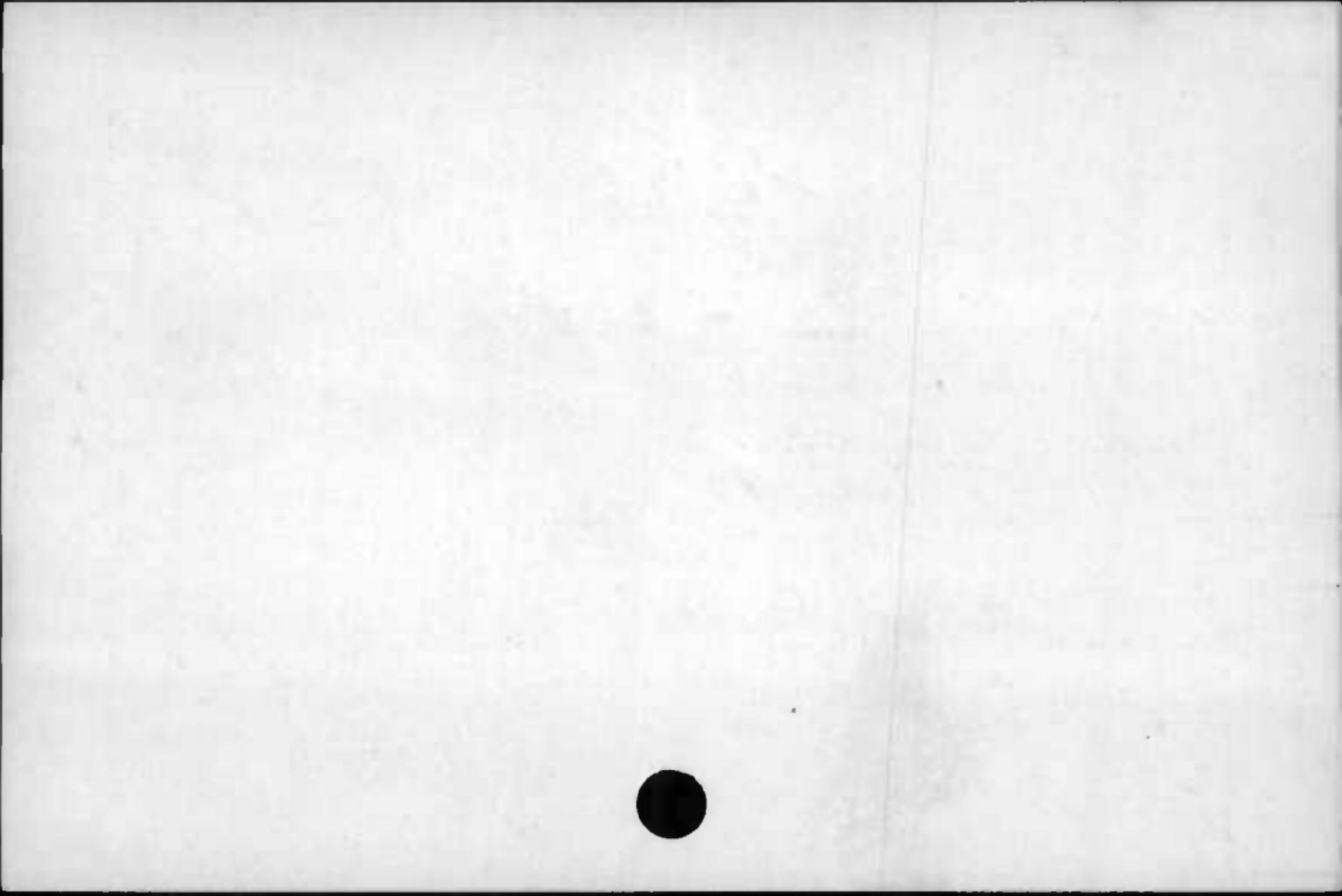
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Sykesville	Carroll	
Date of death	Month	Day	Years
1906	August	9 <sup>th</sup>	Age 34
Sex	Color or Race	Birth-place	
Female	White -	Md.	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Husband		
Married	John W. Betz -		
Father's Name	Father's Birthplace		
David Powell	England		
Mother's Maiden Name	Mother's Birthplace		
Catherine Cook	Md.		
Name of person giving information	How related to deceased		
John W. Betz	Husband		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Chronic Interstitial Nephritis		How long
	(20)		over 4 months
Immediate	Exhaustion		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	John Norfolk Morris, M.D.
yes		Address	Springfield State Hospital Sykesville, Carroll Co. Md
Accident or Suicide?		-	



Name  
in  
Full

Henry Brannock

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at Springfield Hospital, Sykesville, Carroll

MARYLAND

Date of death 1906 Month 8<sup>th</sup> Day 9<sup>th</sup> Years 58 Months — Days —

Sex Male Color or Race White Birth-place Milton Md.

Occupation Oysterman Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife H. — Sarah Elizabeth Brannock

Father's Name Henry Brannock Father's Birthplace Maryland

Mother's Maiden Name Elizabeth ? Mother's Birthplace Maryland

Name of person giving information Hospital records. How related to deceased

CAUSES OF DEATH

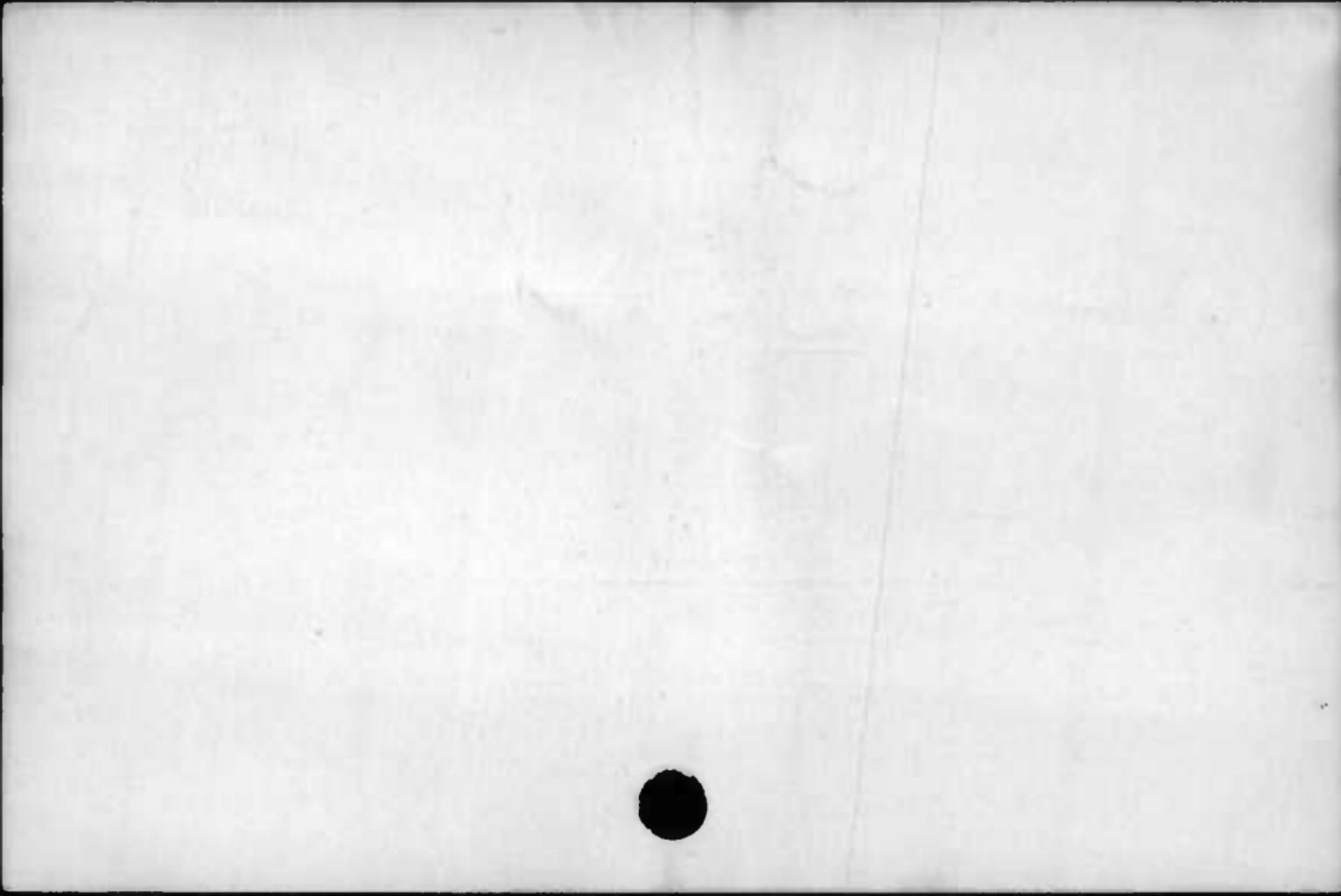
Primary Terminal Dementia (21) How long 5 years.  
Immediate Tuberular Pneumonia How long 12 days.

Are the name, age, sex, color, date and place correctly given above? To best Signature of Physician W. Henry Fisher M.D.

of my knowledge. Address Sykesville

Accident or Suicide? None. M.D.

PHYSICIAN  
OR CORONER



Name  
in  
Full

Samuel B Bricker

CERTIFICATE OF DEATH

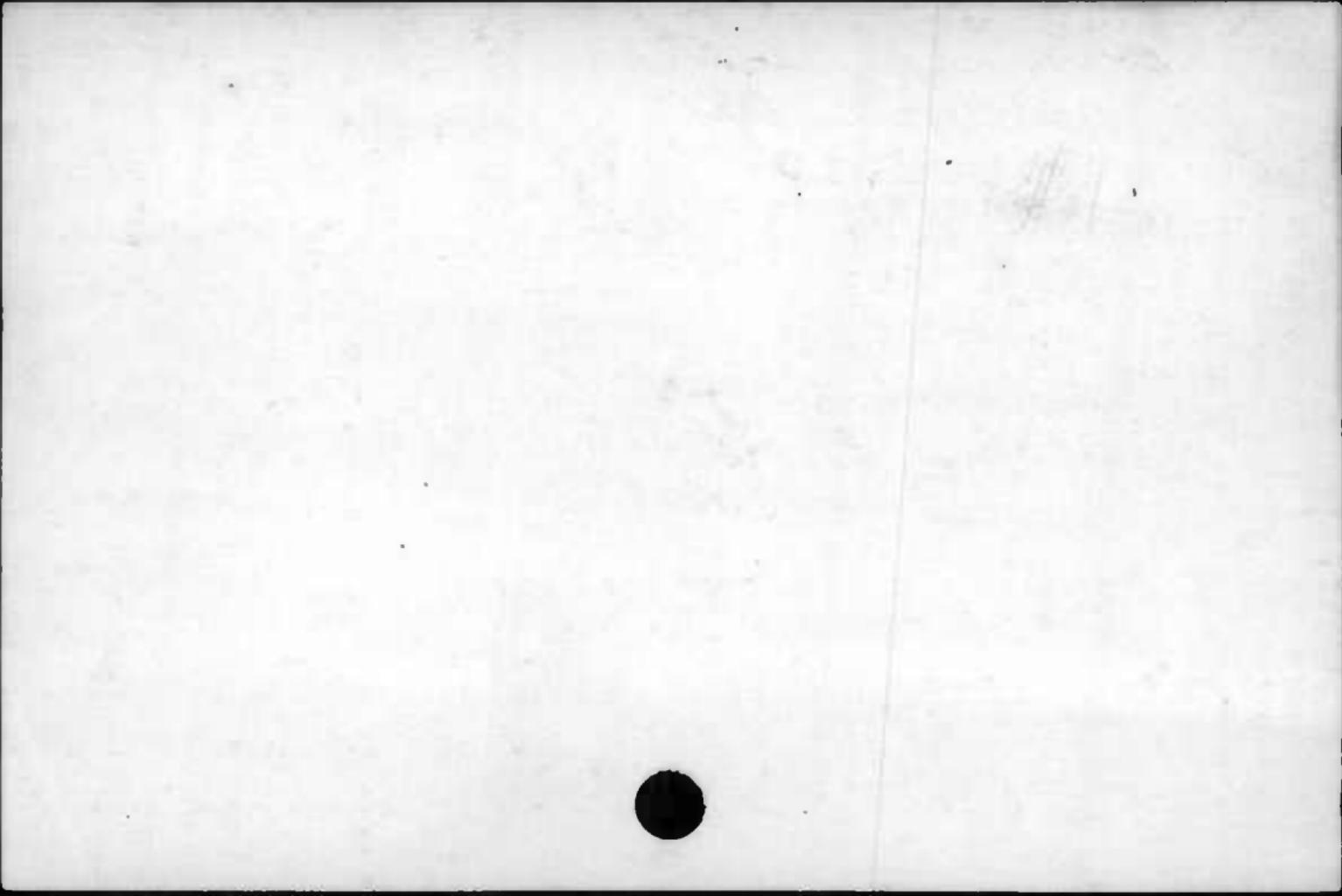
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	4	13	
Occupation			Birth-place	Ned	
Married, Single or Widowed	Name of Wife or Husband	Where Residing if not at place of death	Samuel B Bricker		
Father's Name	Samuel Bricker	Father's Birthplace	Pa		
Mother's Maiden Name	Mariah Masten	Mother's Birthplace	Pa		
Name of person giving information	William Bricker	How related to deceased	Son		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Uraemia	(70)	How long	10 hrs.
Immediate	Respiratory Failure		How long	10 min.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	S. Luther Barr M.D.	
		Address	Janeytown - Md.	
Accident or Suicide?				



Name  
In  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Cristy. Cristy Buffington

Town  
Carrollton

County  
Carroll

Nov 49

CERTIFICATE OF DEATH

MARYLAND

Died at \_\_\_\_\_  
Date of death 1906 Aug 4 Age \_\_\_\_\_  
Years \_\_\_\_\_ Months \_\_\_\_\_ Days 14

Sex Female

Color or Race  
White

Occupation \_\_\_\_\_

Where Residing if not  
at place of death  
Maryland

Married, Single  
or Widowed

Name of Wife or  
Husband \_\_\_\_\_

Father's Name  
Oscar Buffington

Father's Birthplace  
Md

Mother's Maiden Name  
Lula B. Reese

Mother's Birthplace  
" "

Name of person giving  
Information  
Noah Reese

How related  
to deceased  
Grandfather

CAUSES OF DEATH

Primary

Cholera Infantile

(105)

How long

2 days

Immediate

"

How long

"

Are the name, age, sex, color, date  
and place correctly given above?

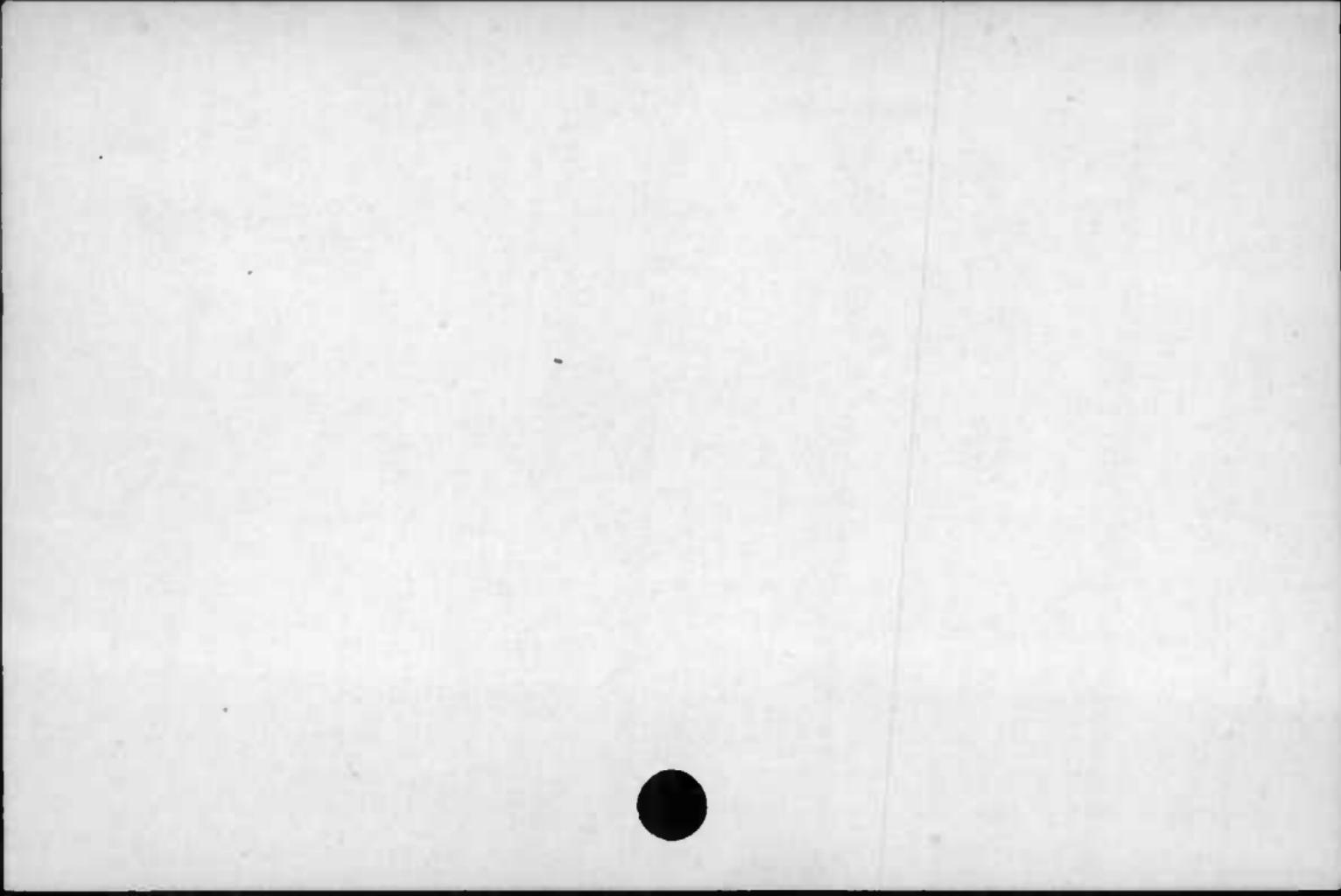
Yes

Signature of  
Physician

Address

Jas. J. Miller  
Md

Accident or Suicide?



Name  
in  
Full

Samuel E. Barr

No 50

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at	Franklinville	Town	Carroll	County
Date of death	1906	Month Aug	Day 1	Years 55-
Sex	Male	Color or Race	White	Birth-place Carroll Co
Occupation	Farmer			
Married, Single or Widowed	Married Name of Wife or Husband			
Father's Name	James. Barr			
Mother's Maiden Name	Sarah E. Shultz			
Name of person giving information	Augustus Barr			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Alcoholism

(56)

How long

Many years,

Immediate

Hardening of arteries, several months.

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

I. F. Shipley, M.D.,  
Westminster,

Accident or Suicide?

Salam Ni E Cemetery Bloom

Name  
in  
Full

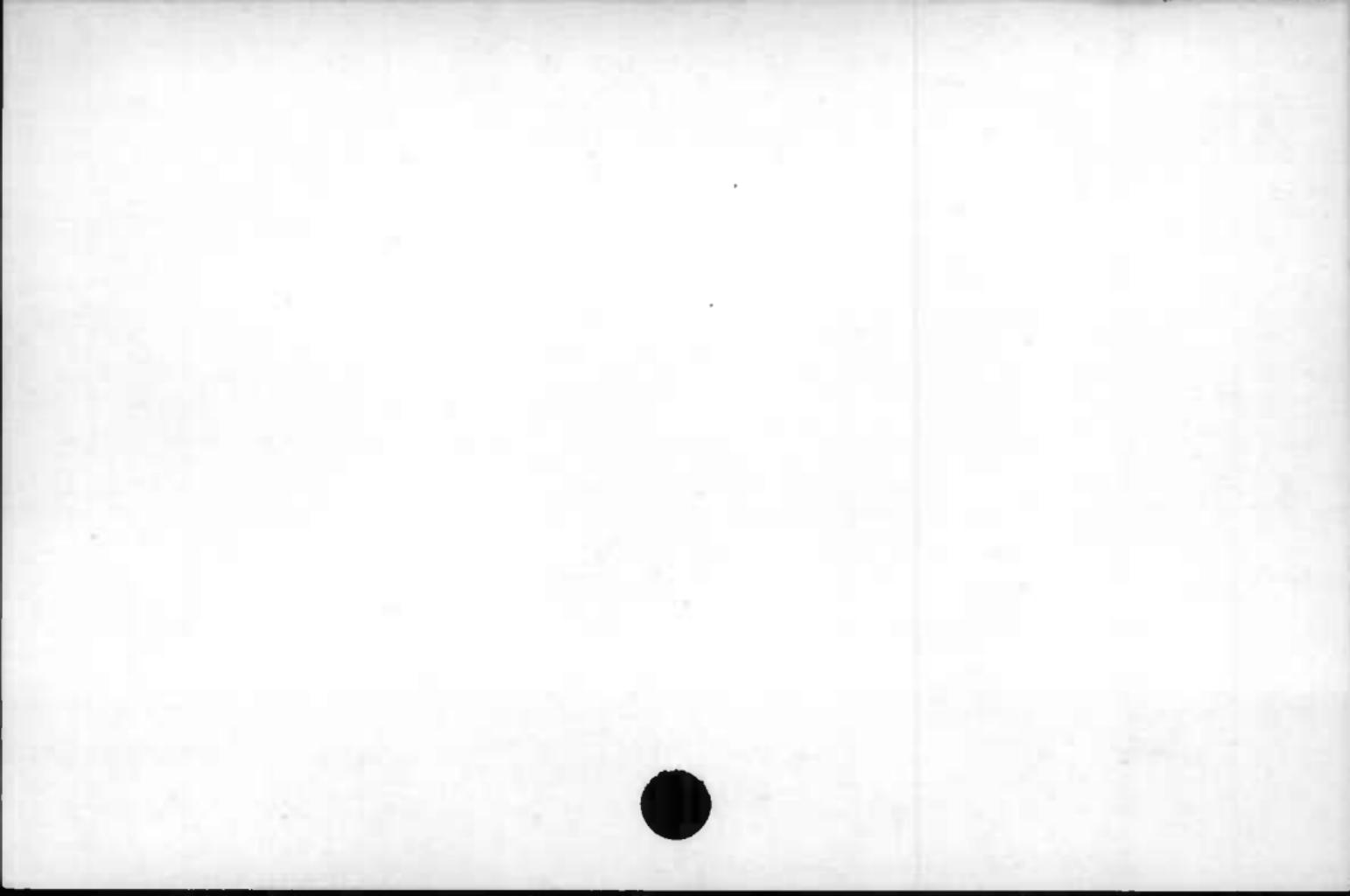
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1906	Month August	Day 1 <sup>st</sup>	Years —	Month —	Days Some
Sex	Male	Color or Race	white		Birth-place	Baltimore
Occupation				Where Residing if not at place of death		
Married, Single or Widowed				Name of Wife or Husband		
Father's Name	don't know			Father's Birthplace	don't know	
Mother's Maiden Name	..			Mother's Birthplace	"	
Name of person giving information				How related to deceased		

CAUSES OF DEATH

Primary	My arasmus		How long
Immediate	(15)		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		R.E. Gauer
	Address		mt airy md
Accident or Suicide?			



Name  
in  
Full

James F. Elliott

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Male	Color or Race	white
Occupation	None	Where Residing if not at place of death	Maryland.
Married, Single or Widowed	Single	Name of Wife or Husband	
Father's Name	John Elliott	Father's Birthplace	Maryland.
Mother's Maiden Name	Caroline ?	Mother's Birthplace	Maryland.
Name of person giving information	Hospital Records.	How related to deceased	

CAUSES OF DEATH

Primary	Dementia	(N)	How long no. of years ?
Immediate	Organic heart disease		How long 3 days.

Are the name, age, sex, color, date and place correctly given above?

To best

Signature of Physician

W. Henry Fisher M.D.

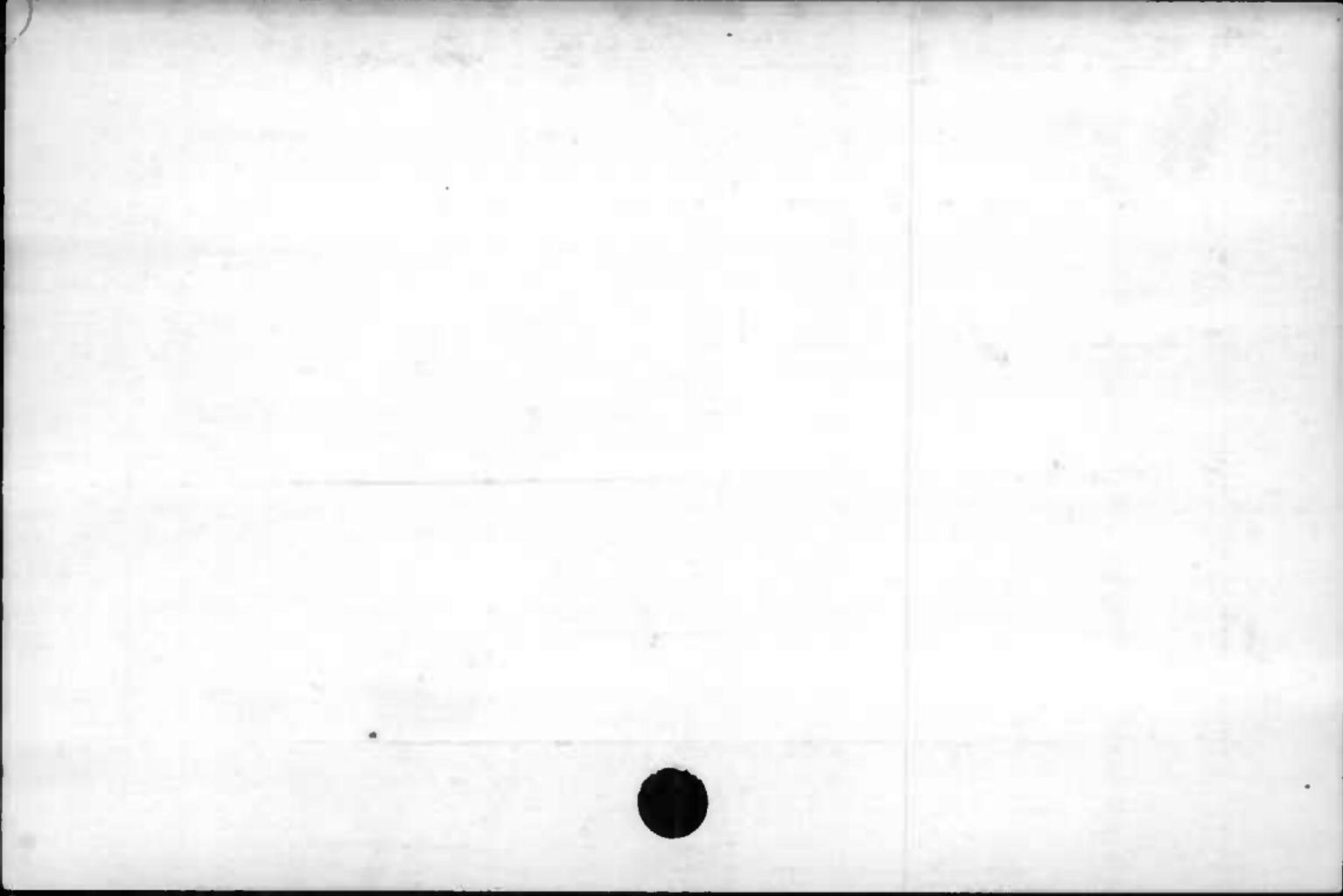
Address

Sykesville

Md.

Of my knowledge.

Accident or Suicide? None



Name in Full

Certificate of Death

Frank Eusor

Town

County

Died at Union Bridge Carroll Co MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1906	8	1	—	4	2	—	—
Male	White	—	Widow	—	—	—	—
<del>F</del>	<del>E</del>	Single	<del>Widow</del>	—	—	Number of children living	—

Husband of —

Wife

Father's Name

Samie Eusor

Mother's Name

Margaret Eusor

Cause of Death	Primary	Cholera Infantum	How long sick
	Immediate	Shock	3 days

Accident, Suicide, Homicide

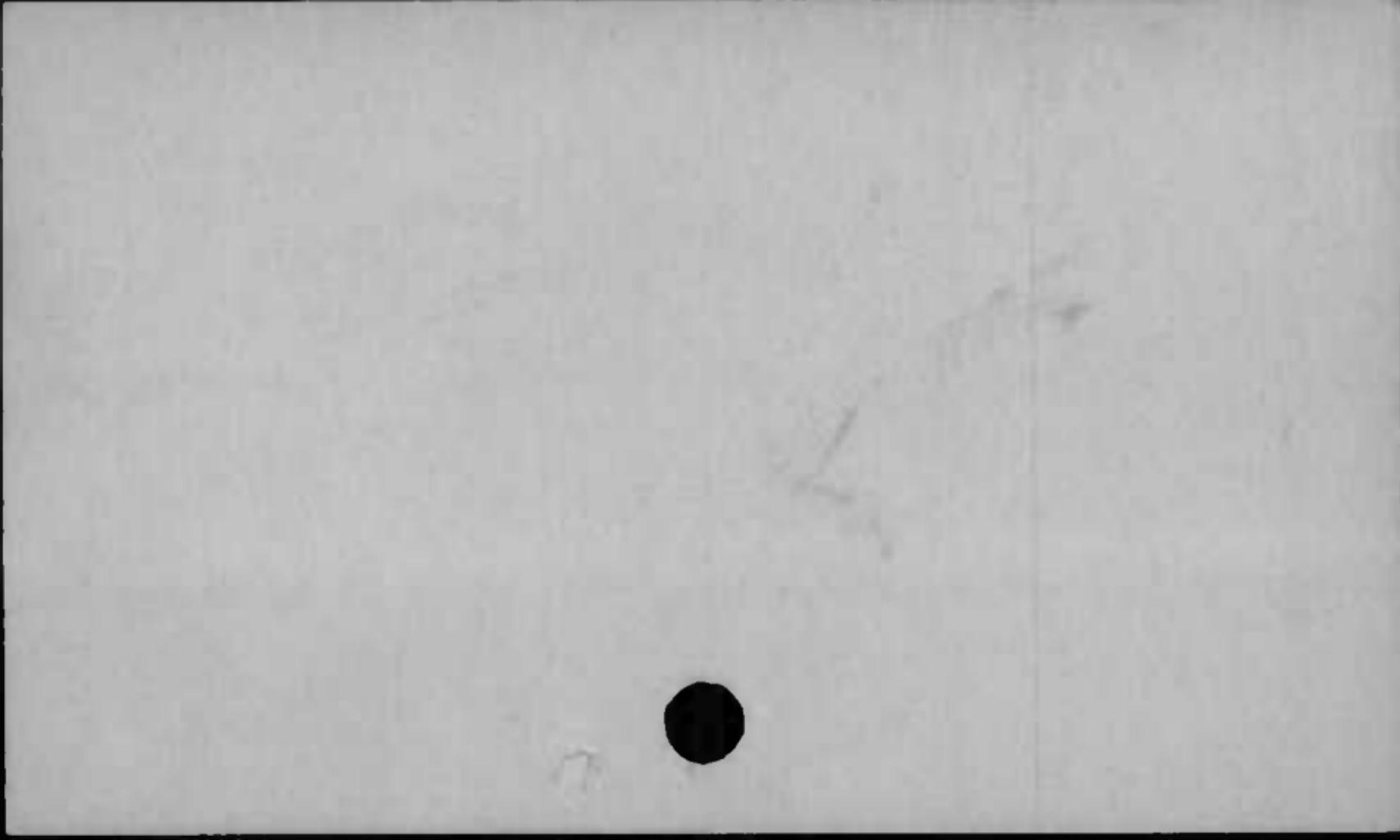
Reported by

W. Lumbard's wife

Address

Union Bridge

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Infant of Mr & Mrs Jesse Fidleyom

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Birth-place	Months Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information	How related to deceased		

CAUSES OF DEATH

Primary

How long

Immediate

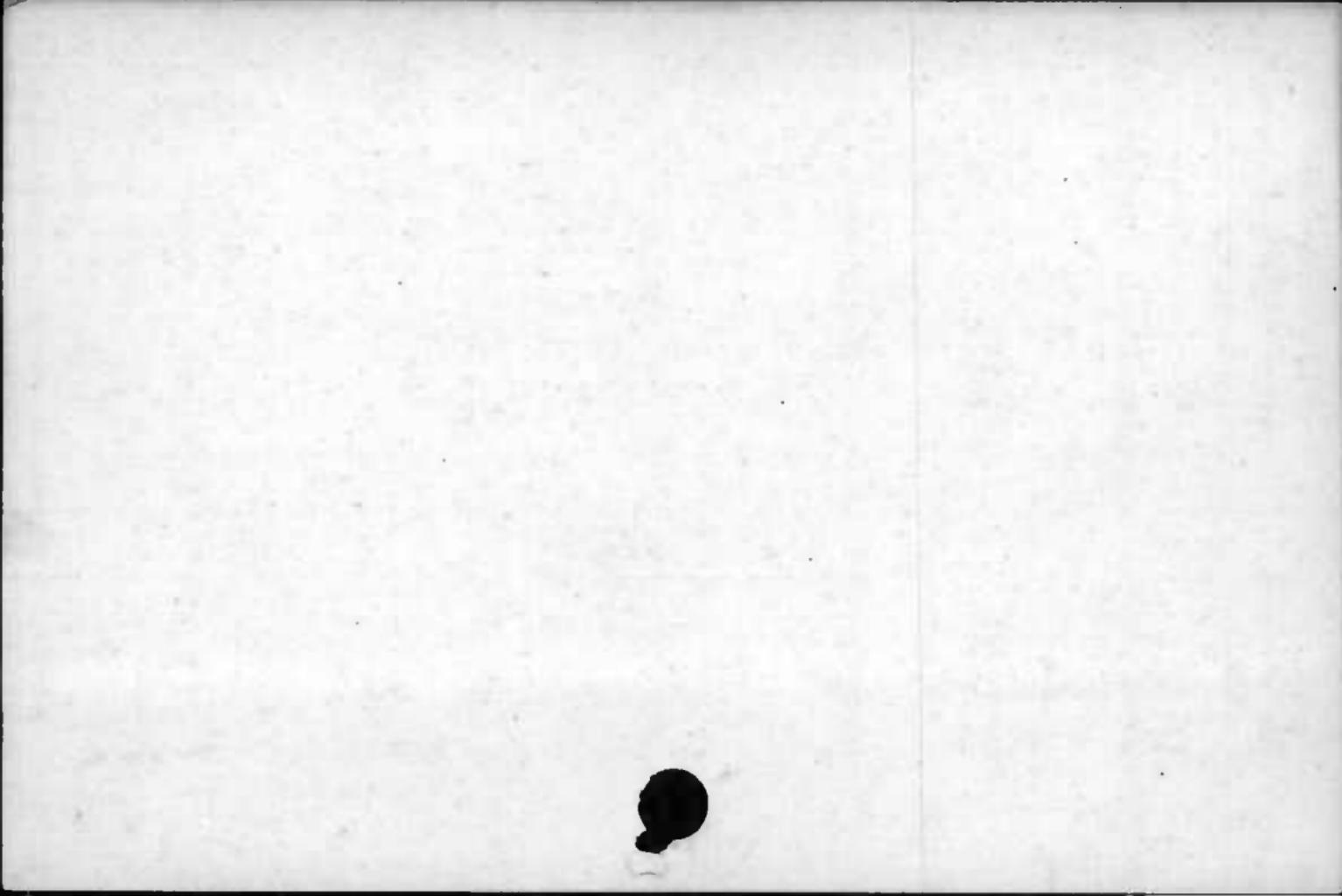
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

Flohr

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Gardner</u>		Town	County <u>Carroll</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Aug</u>	Day <u>5</u>	Age	Years	Months	Days
Sex <u>Female</u>	Color or Race	<u>White</u>		Birth-place	<u>Md</u>	
Occupation	Where Residing if not at place of death					-
Married, Single or Widowed	Name of Wife or Husband					-
Father's Name <u>Robert J. Flohr</u>						Father's Birthplace <u>Md</u>
Mother's Maiden Name <u>Minnie M. Webster</u>						Mother's Birthplace <u>Md</u>
Name of person giving information						How related to deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Cholera infantum

How long

2 days

Immediate

Exhaustion

How long

4

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

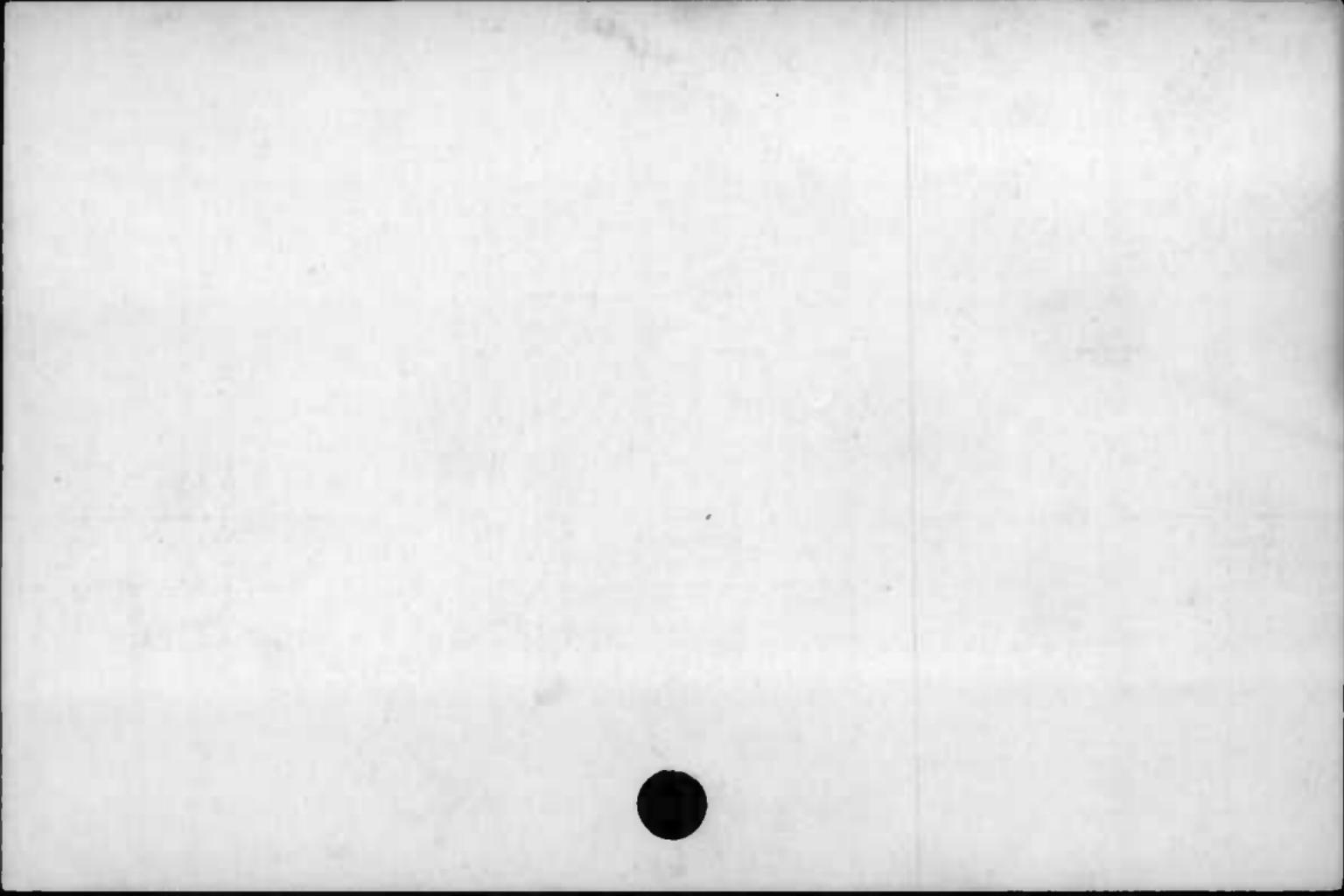
Dr S. N. Gardner

Address

Gardner

Md

Accident or Suicide?



Name in Full

Certificate of Death

*Raye Monroe Frank  
Miller Carroll*

Died at

Town

County

MARYLAND

Date 1906

Month Aug

Day 20

Y.

M.

D.

Native of

Maryland

Occupation

Male

White

Age 2  
Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of \_\_\_\_\_

Wife

Father's  
NameMother's  
Name*Joseph Frank**Munerva E. Zimmerman*

Cause of

Primary

*Cholera Infantum*

How long sick

3 weeks

Death

Immediate

Accident, Suicide, Homicide

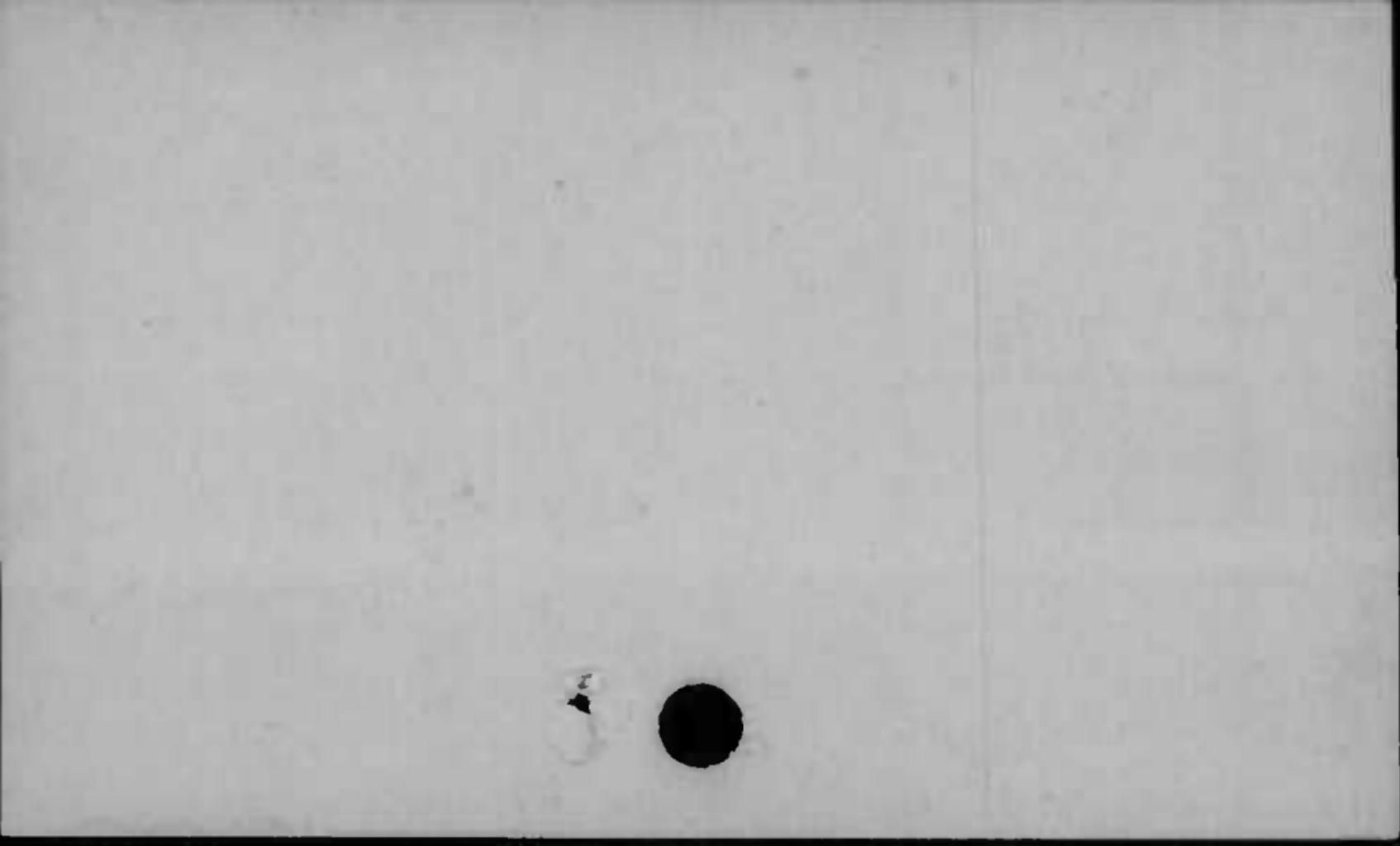
Reported by

*J. H. Sherman M.D.*

Address

*Baltimore Carroll Co Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

F. Pearl Freeman

No 59  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Frizellburg	Town	Carroll	County	MARYLAND	
Date of death	1906	Month August	Day 29	Years 49	Months 4	Days 21
Sex	Male	Color or Race	White	Birth-place	Starfields, MD	
Occupation	Machinist	Where Residing if not at place of death				
Married, Single or Widowed	Widowed	Name of Wife or Husband	Laura E. Marshall			
Father's Name	Joseph Freeman	Father's Birthplace	Syntistown			
Mother's Maiden Name	Mary Ransby	Mother's Birthplace	Westminister			
Name of person giving information	John L. Koon	How related to deceased	Brother			

CAUSES OF DEATH

Primary

Bystitis

(23)

How long

24 Days

Immediate

Astremeria

(23)

How long

1/4 day

Are the name, age, sex, color, date and place correctly given above?

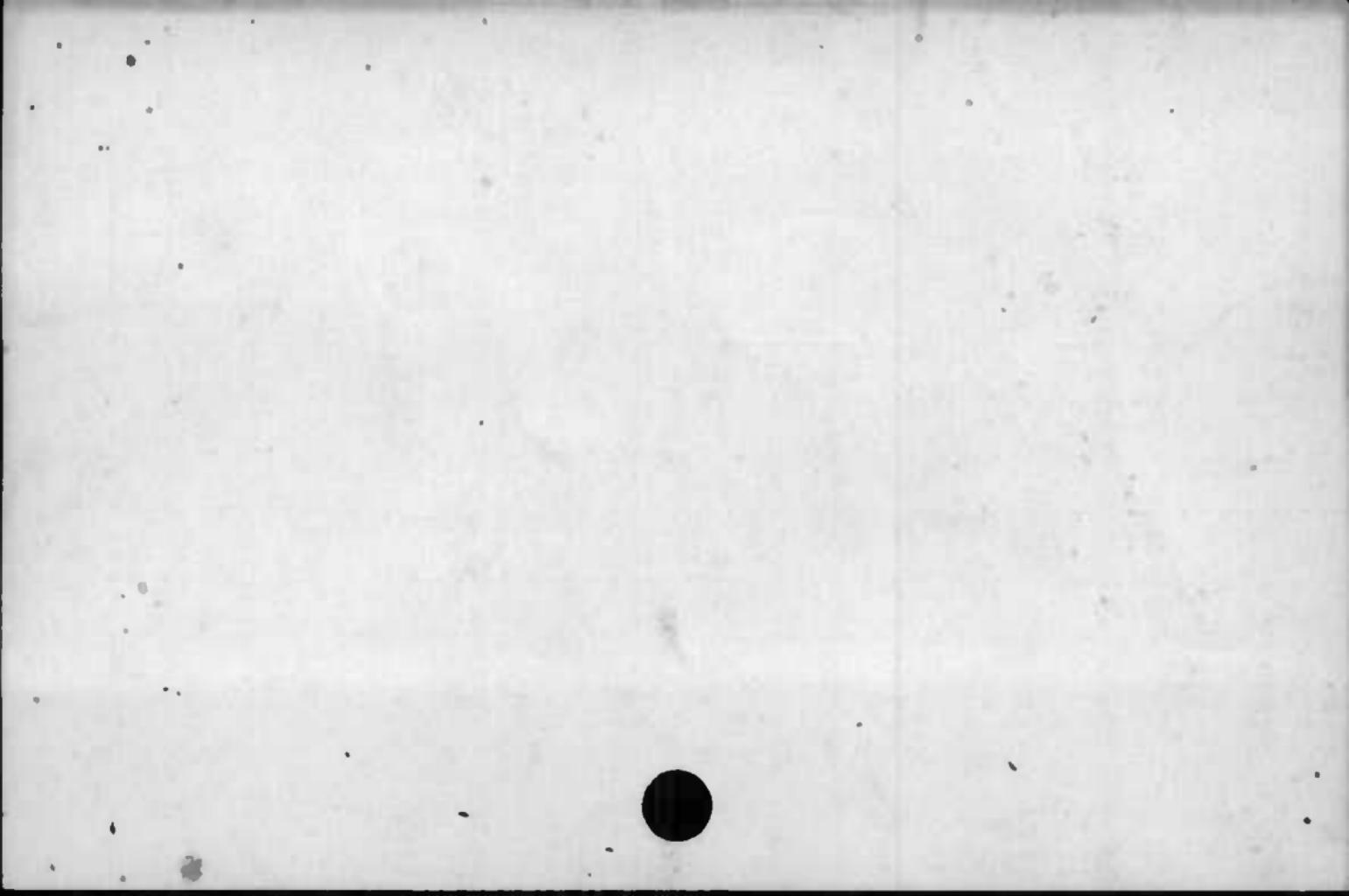
Yes

Signature of Physician

Address

Jacob Michael Jr.  
Frizellburg

Accident or Suicide?



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Gibson, Louise

## CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906	Aug	3	Age 40	—	—
Sex	Ferrall	Color or Race	Colored	Birth-place	Md.
Occupation	Housewife				
Married, Single or Widowed	Where Residing if not at place of death				
Name of Wife or Husband	Wm Gibson				
Father's Name	Chas Klorey				
Mother's Maiden Name	James Washington				
Name of person giving information	John W Klorey				
	Father's Birthplace				
	Mother's Birthplace				
	How related to deceased				

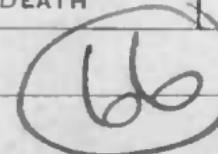
## CAUSES OF DEATH

Primary

—

How long

—



Immediate

Paralysis

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

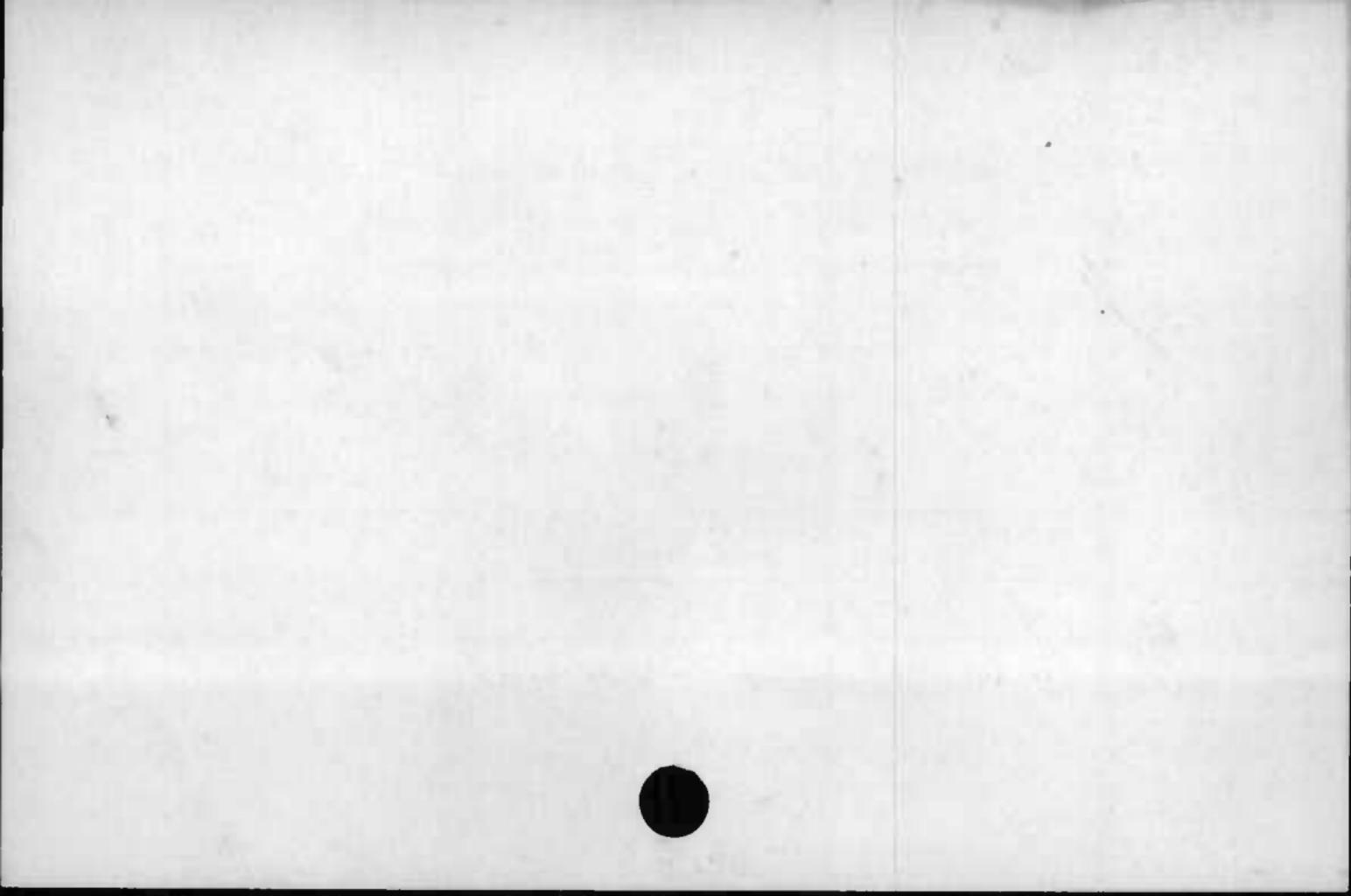
Yes

Signature of Physician

Address

Abraham J. Crank  
Taylorville Md.

Accident or Suicide?



Name  
in  
Full

Philip D. Glass

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Wt.-Airy	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906	August	30	1	11	10
Sex	None	Color or Race	White	Birth-place	Md.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		None		
Father's Name	David Glass		Father's Birthplace	Md.	
Mother's Maiden Name	Lucille Ann Horton		Mother's Birthplace	Md.	
Name of person giving Information	Henry E. Stiley		How related to deceased	None	
CAUSES OF DEATH					
Primary	Cholera, Inflammation (105)		How long	4 week	
Immediate	Cholera, Inflammation		How long		

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Dr. R. Sappington

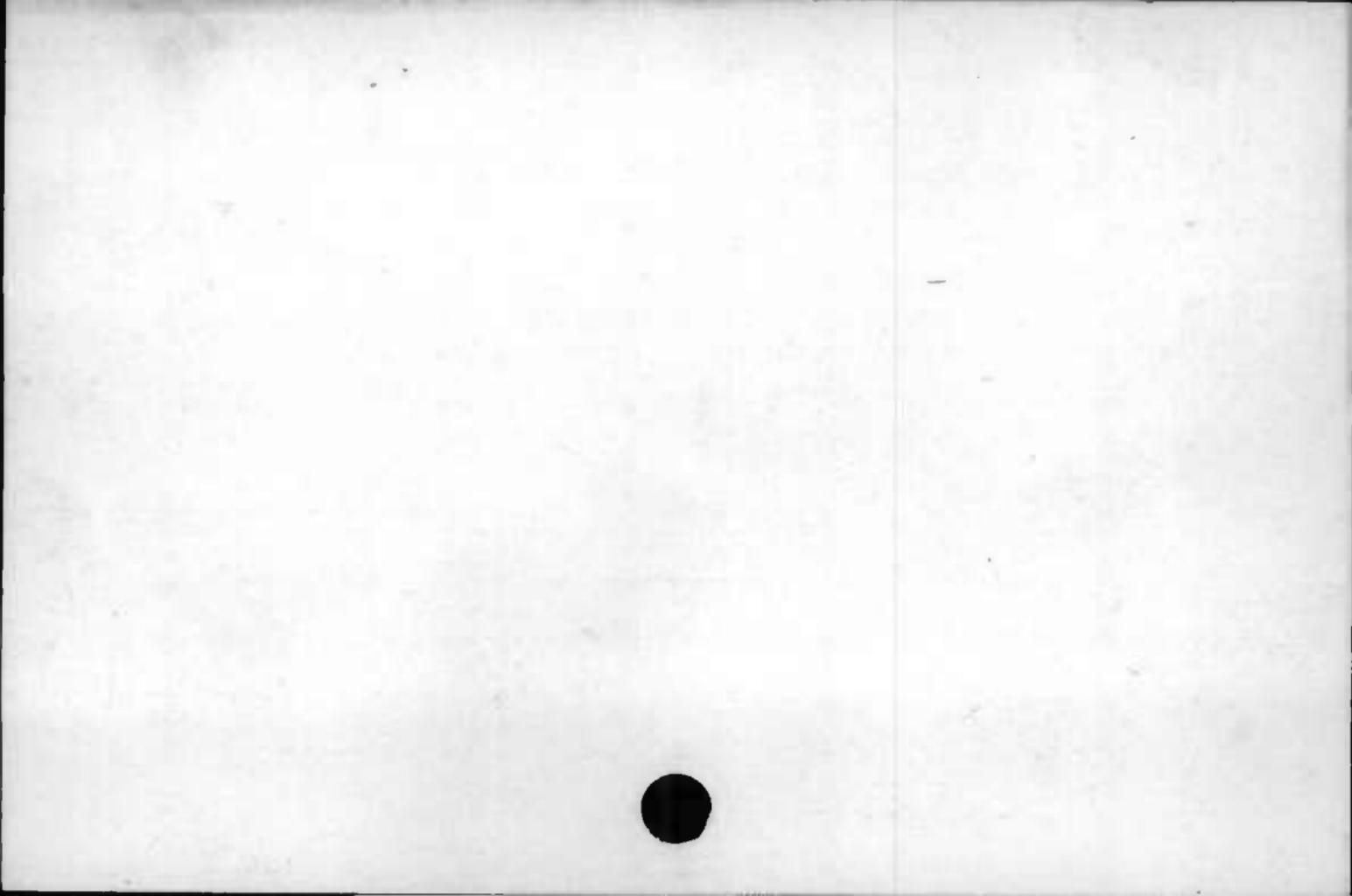
Address

Lewisville

No physician can  
visit this child

Md.

Accident or Suicide?



Name  
in  
Full

B. H Greenwood

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND			
Date of death	Month	Day	Years	Months	Days		
Sex	Male	Color or Race	W	Birth-place	Md		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	M	Name of Wife or Husband	E. J. Greenwood				
Father's Name	Irish Greenwood					Father's Birthplace	Md
Mother's Maiden Name	anglin Albaugh					Mother's Birthplace	Md
Name of person giving information	J. T. Brooks					How related to deceased	No

CAUSES OF DEATH

Primary

Chronic Brights

How long

3 week

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

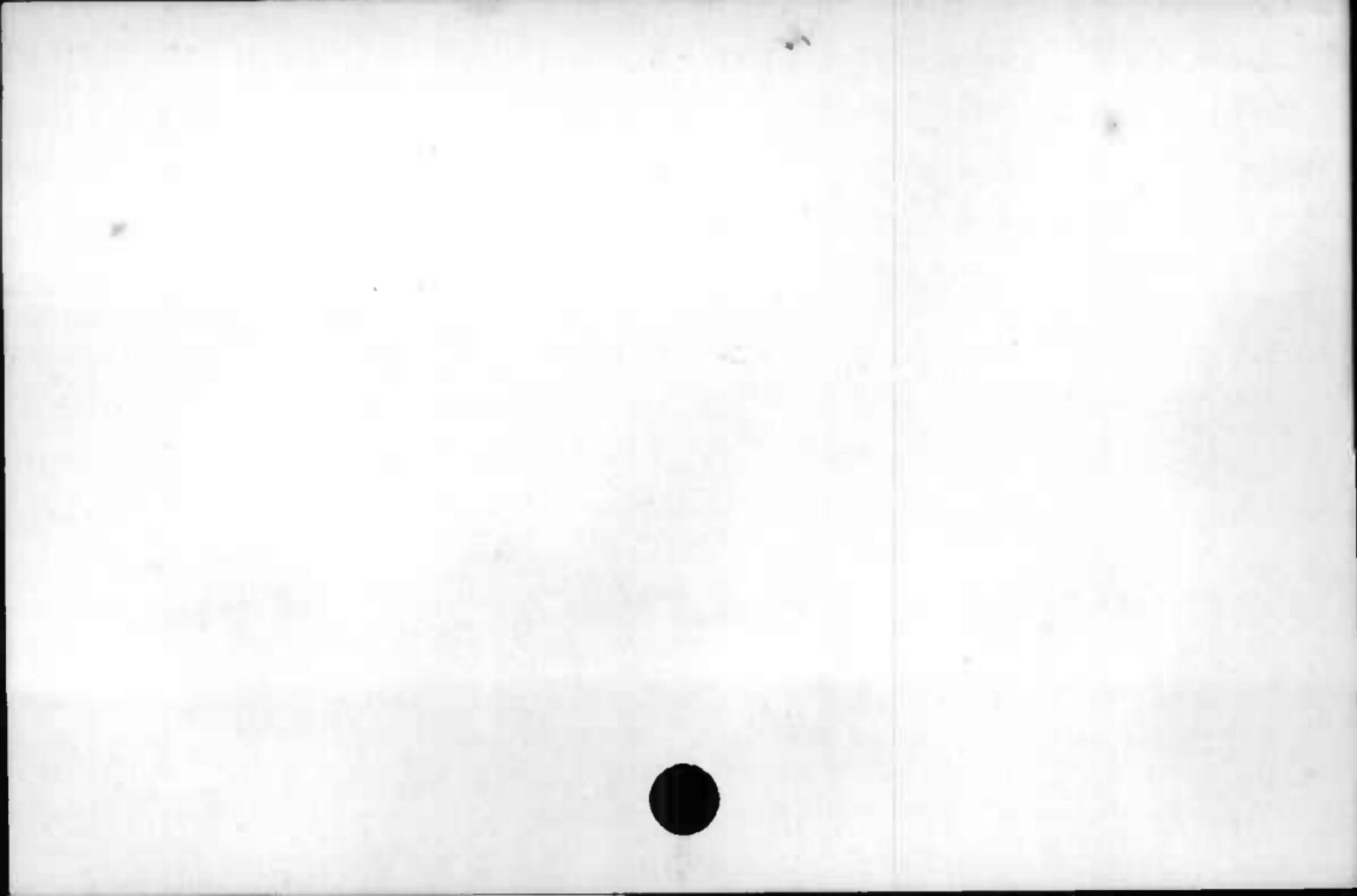
Address

J. T. Brooks

Maryland

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Joseph J. Haines

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	W	Birth-place	Md
Occupation	Retired	Where Residing if not at place of death			
Married, Single or Widowed	M.	Name of Wife or Husband	Joseph J. Haines		
Father's Name	Aubin Haines	Father's Birthplace	Md		
Mother's Maiden Name	Sarah Haine	Mother's Birthplace			
Name of person giving Information	Mr. G. S. Munterson	How related to deceased	No		
CAUSES OF DEATH					
Primary	Emphysema Aubin Haines			How long	3 years
Immediate	Pharyngitis			How long	

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

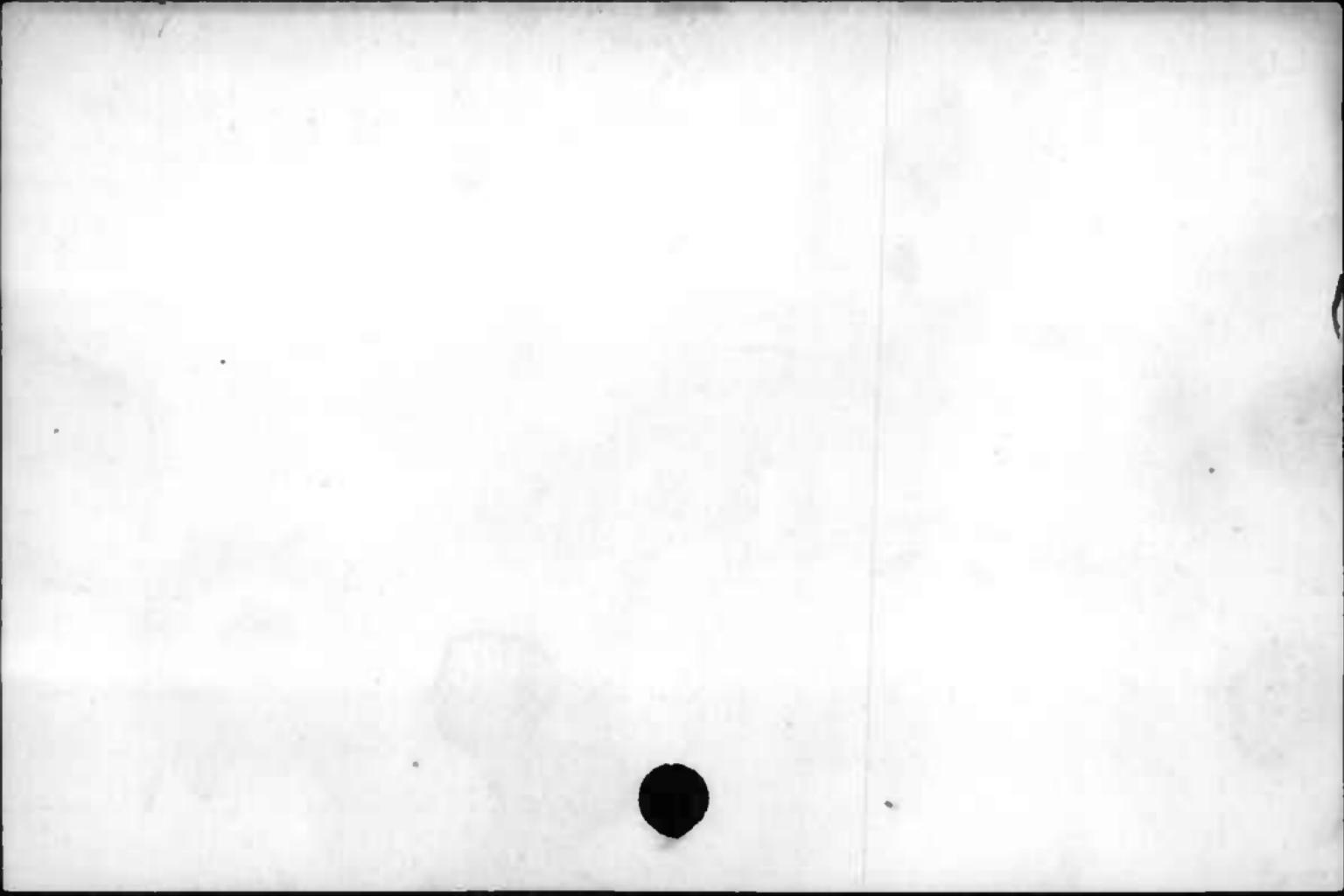
Yes

Signature of Physician

Address

Gleibterson  
Mrs Haines

Accident or Suicide?



Name  
in  
Full

James A. Horlow

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

Winfield

County

Carroll

MARYLAND

Date  
of death

1906

Month

8

Day

9

Years

53

Age

Months

—

Days

—

Sex

Male

Color or  
Race

White

Birth-  
place

Carroll Co. Md.

Occupation

Laborer

Where Residing if not  
at place of death

Winfield

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Polly C. Horlow and Bair,

Father's  
Name

Thomas Horlow (deceased)

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Mary Horlow (deceased)

Mother's  
Birthplace

Md.

Name of person giving  
information

James A. Horlow

How related  
to deceased

Son,

CAUSES OF DEATH

Primary

Carcinoma & stomach

How long

8 months

(X)

Immediate

"

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Ed Garout  
Winfield

Address

Accident or Suicide?

Ebenezer.

Name  
in  
Full

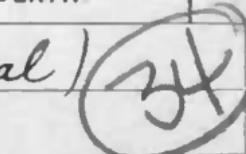
Florence M. Howell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	41	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Husband			
Father's Name	William J. Rutter			Father's Birthplace ?
Mother's Maiden Name	Susan Rollison			Mother's Birthplace Md.
Name of person giving information	A. N. Powell			How related to deceased Husband

## CAUSES OF DEATH

Primary Tuberculosis (General)  How long over 3 mo.

Immediate Exhaustion How long

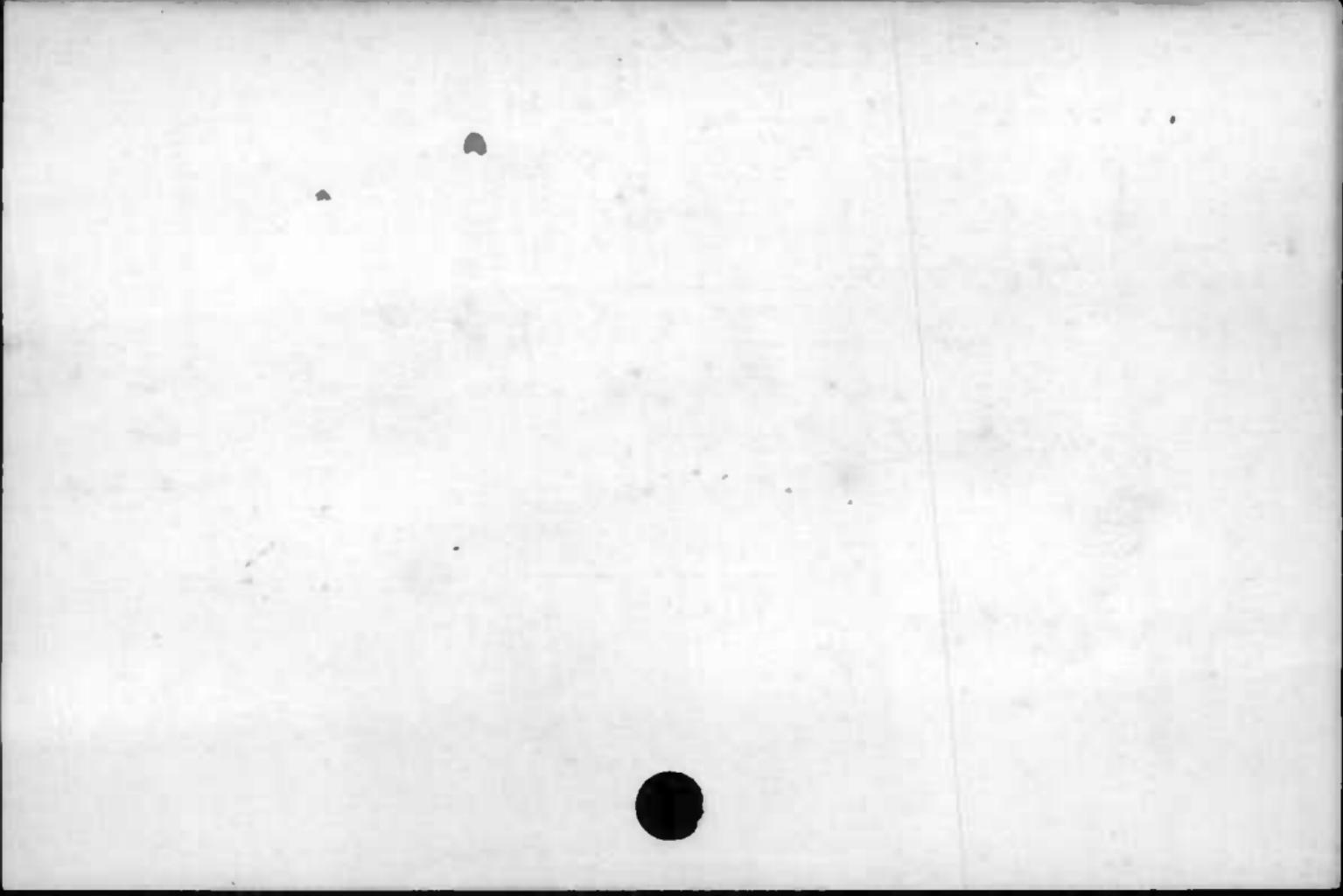
Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

John Norfolk Morris M.D.  
Springfield State Hospital  
Lykensville, Carroll Co. Md

Accident or Suicide? -



Name  
in  
Full

William Henry Hull

IN 55

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Town	County	MARYLAND			
Died at near Westminster	Carroll				
Date of death 1906	Month Aug	Day 10	Years 68	Months 3	Days 5-
Sex male	Color or Race White	Birth-place Carroll Co Md			
Occupation Farmer	Where Residing if not at place of death				
Married, Single or Widowed married	Name of Wife or Husband				
Father's Name Samuel Hull	Father's Birthplace Carroll Co Md				
Mother's Maiden Name Sofiah Nicodemus	Mother's Birthplace " " "				
Name of person giving information Harry Hull	How related to deceased Son				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Paralysis of Bowel ⑨3 How long 2 years  
Immediate Lobar Pneumonia How long 48 hrs.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Eugene M Sullivan  
146 Main St

Accident or Suicide?

Meadow Branch Cemetery  
Storer,

Name  
in  
Full

Fred Ann Koerner

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Edward J. Koerner			Father's Birthplace
Mother's Maiden Name	Marie C. Miller			Mother's Birthplace
Name of person giving information	father & mother			How related to deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Gastricosis

How long

Three weeks

Immediate

Paroxysis

How long

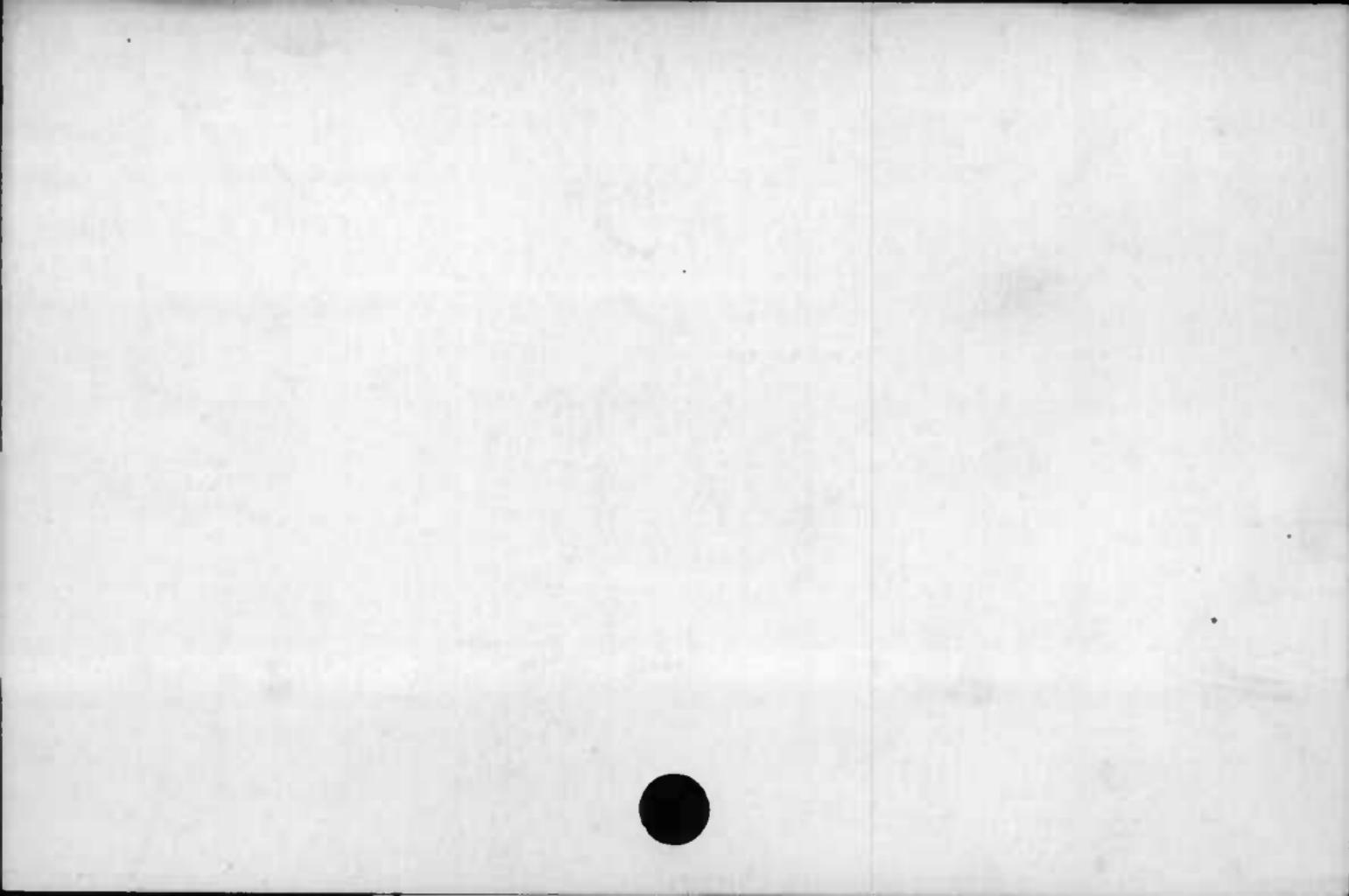
10 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

Eliya Kreuzer

No 48  
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	81	10	12
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Widow	Name of Wife or Husband	Dead		
Father's Name	Hector / known				
Mother's Maiden Name	" "				
Name of person giving information	Charles Fritz -				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Old Age	How long	-
Immediate	Diabetes -	How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	L. Winterrowd
		Address	New Windsor
Accident or Suicide?			

50

Unpublished

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Clara Ellen Lambert

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County			
Paneytown	Carroll				
Date of death	Month	Day	Years	Months	Days
1906	8th	22	Age	3	21
Sex	Female	Color or Race	white	Birth-place	near Paneytown
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Harry Lambert				
Mother's Maiden Name	Maggie Shoemaker				
Name of person giving information	Harry Lambert				
Father's Birthplace	Paneytown				
Mother's Birthplace	Paneytown				
How related to deceased	Father				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Cholera Infantum

How long

3 days

Immediate

Convulsions

How long

5 hours.

Are the name, age, sex, color, date and place correctly given above?

Yes

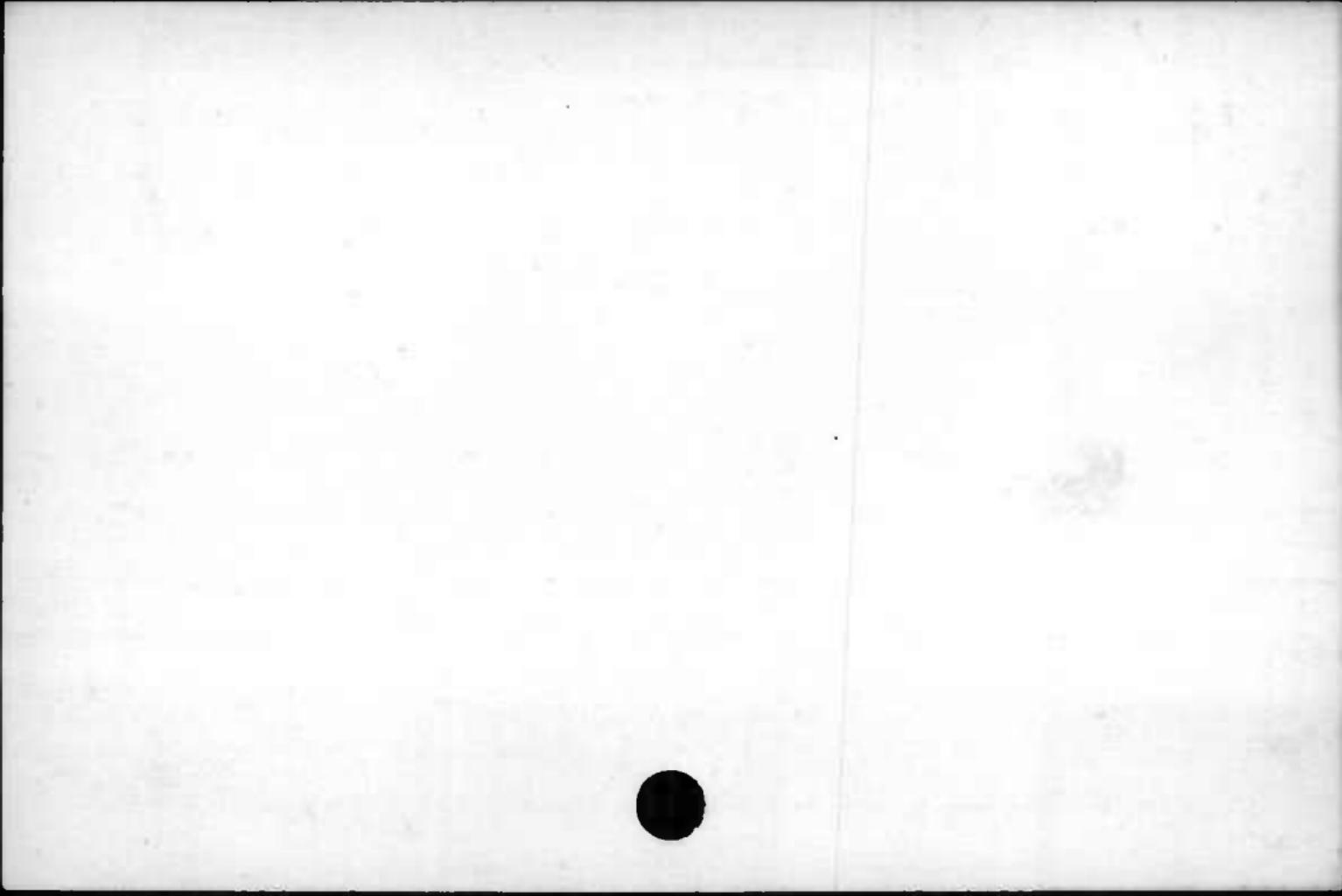
Signature of Physician

Chandor M. Bunner

Address

Paneytown,  
Md.

Accident or Suicide?



Name  
in  
Full

Francis W. McKeever

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Carroll	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	white	Birth-place	Balto. Md.
Occupation	None.			Where Residing if not at place of death	
Married, Single or Widowed	Single	Name of Wife or Husband		Father's Birthplace	Ireland.
Father's Name	Archibald McKeever			Mother's Birthplace	Balto. Md.
Mother's Maiden Name	Eliza Sherlock			How related to deceased	
Name of person giving information	Hospital Records -				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Acute Organic Dementia

How long

6 months

Immediate

Acute Cerebral Sympathy

How long

4 weeks

Are the name, age, sex, color, date and place correctly given above?

To best of

Signature of Physician

W. Henry Fisher M.D.

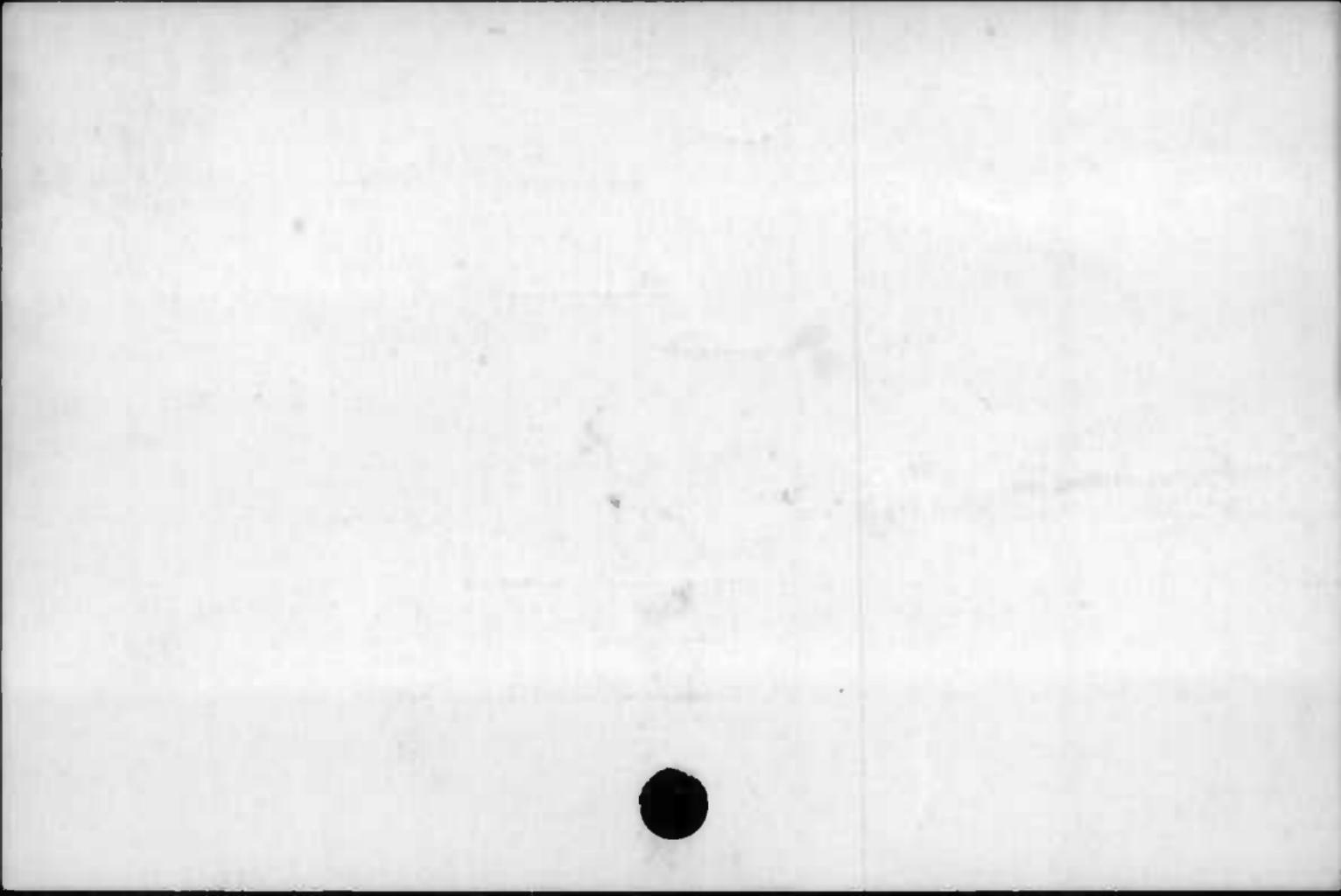
Address

Sykesville

M.D.

Accident or Suicide?

My knowledge.



Name  
in  
Full

Helen Virginia Mahley

CERTIFICATE OF DEATH

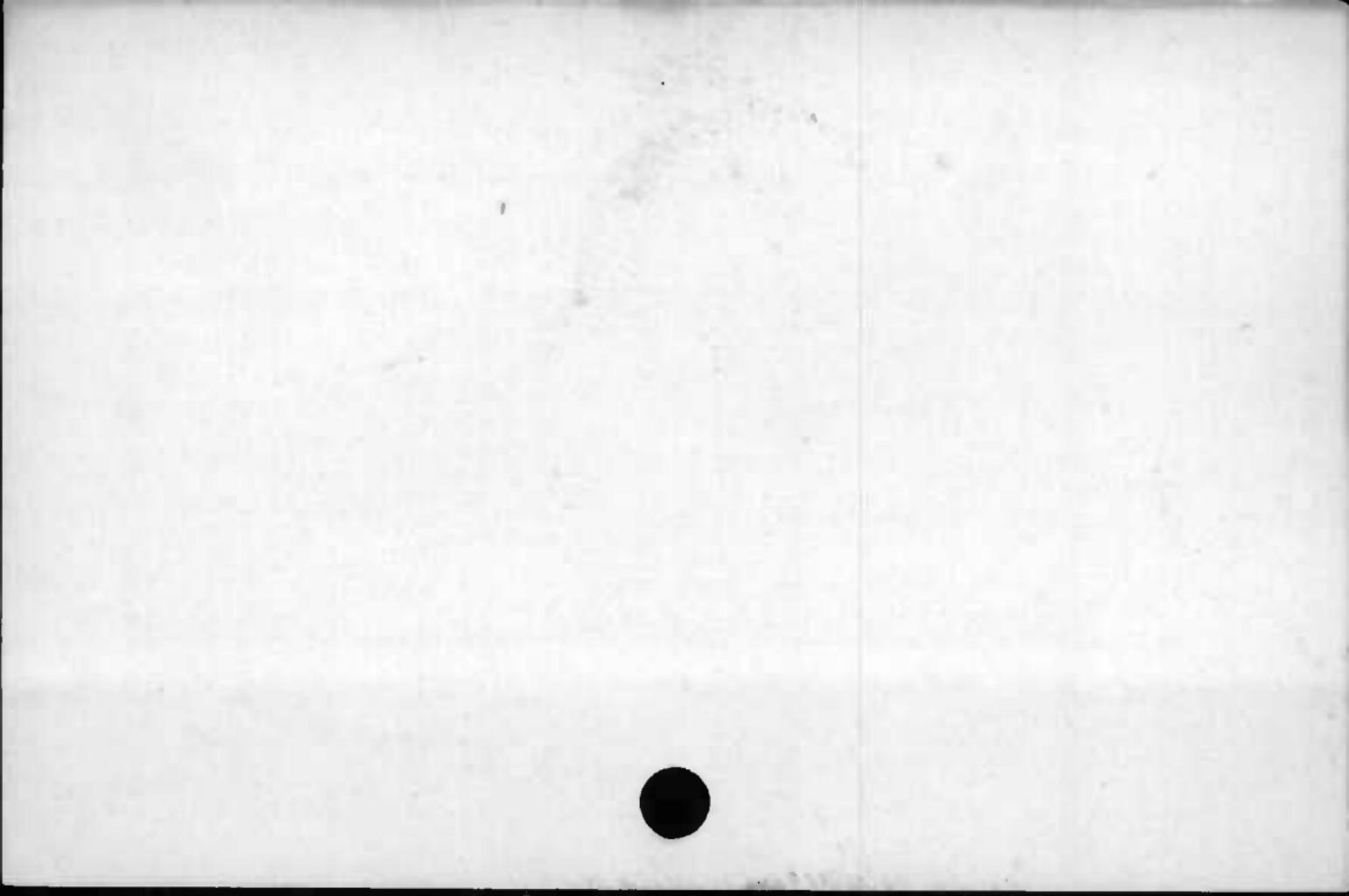
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	Place of death	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Birth-place		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Manchester		
Father's Name	Charles H Mahley			
Mother's Maiden Name	Rosa Mansley Turner			
Name of person giving information	Charles H Mahley			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cholera defaecation		How long	12 Days
Immediate	Loosening of bowels		How long	12 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Post Office Box 103 Manchester, Md.	
		Address		
Accident or Suicide?				



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

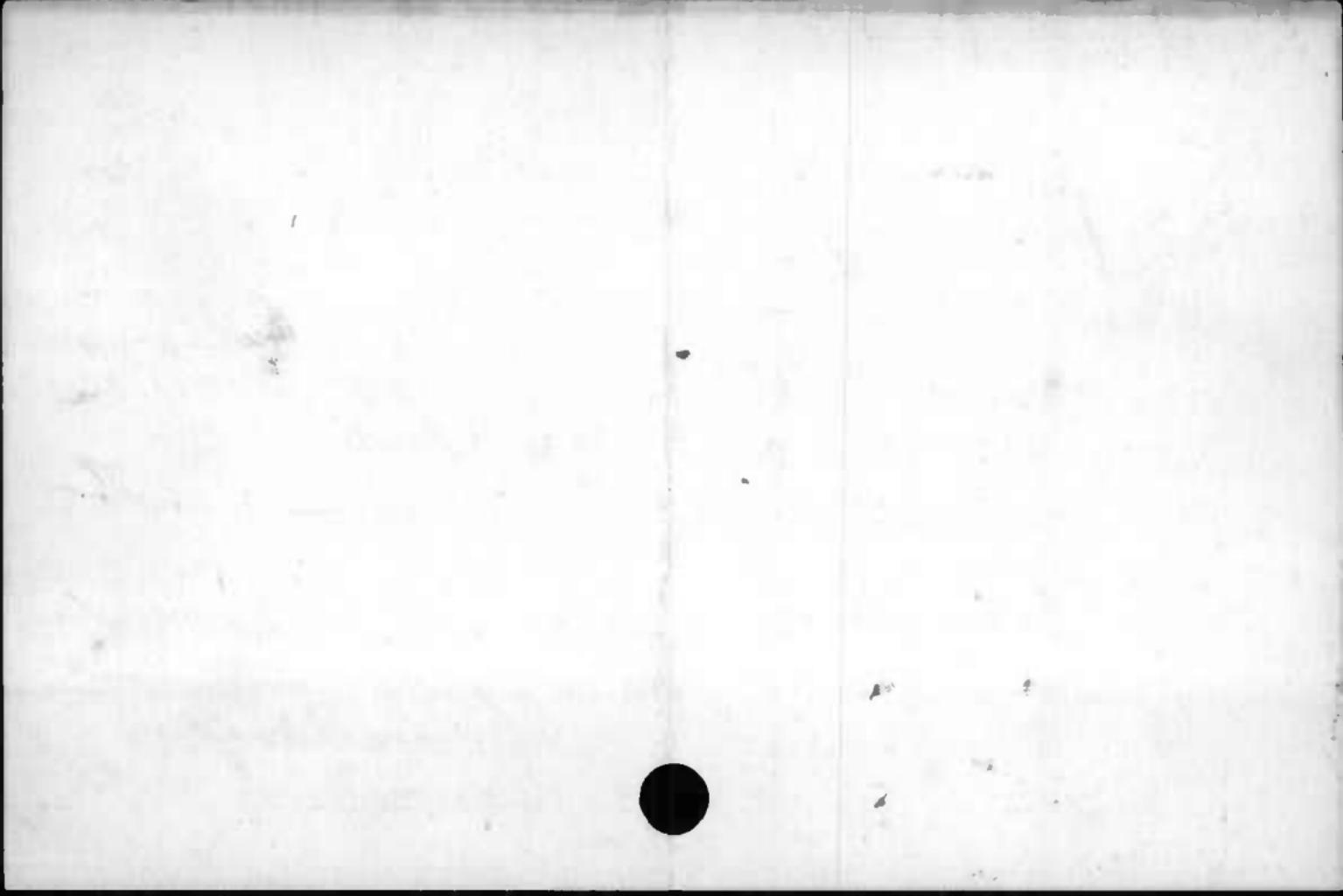
PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of wife or Husband		Alonzo Mau		
Father's Name	Samuel Myers		9nd Md		
Mother's Maiden Name	Harriet Dittres		Md		
Name of person giving information	Josiah Myers		Brother		

CAUSES OF DEATH

Primary	Carcinoma uterus (112)		How long
Immediate	Hemorrhage		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Charles R. Ross
		Address	Towson, Md
Accident or Suicide?			



Name  
in  
Full

Eathel May Myers

No. 53  
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Westminster</u>		Town <u>Carroll</u>		County		MARYLAND	
Date of death <u>1906</u>	Month <u>Aug</u>	Day <u>7</u>	Age <u>3</u>	Years <u>3</u>	Months <u>4</u>	Days <u>2</u>	
Sex <u>Female</u>	Color or Race <u>Colored</u>			Birthplace <u>Carroll Co. Md</u>			
Occupation			Where Residing if not at place of death			<u>Home.</u>	
Married, Single or Widowed	Name of Wife or Husband						
Father's Name <u>Jesse F. Myers</u>				Father's Birthplace <u>Carroll Co. Md</u>			
Mother's Maiden Name <u>Dannie Charues</u>				Mother's Birthplace <u>" "</u>			
Name of person giving information <u>Jesse F. Charues</u>				How related to deceased <u>Father,</u>			

CAUSES OF DEATH

Primary

Colitis

(106)

How long

6 days

Immediate

Pneumonia

How long

12 hrs -

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Chas R. Fout  
Westminster  
Md

PHYSICIAN  
OR CORONER

Accident Suicide?

Ellsworth Cemetery.

Stonew.

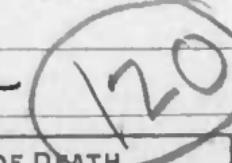
Name  
in  
Full

Louis Nichols

1054

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at	Fountaint Valley	Carroll				
Date of death	1906	Month Aug	Day 81	Years 95	Months 9	Days 13
Sex	Male	Color or Race	White		Birth-place	France
Occupation	Shoemaker			Where Residing if not at place of death		
Married, Single or Widowed	married	Name of Wife or Husband	Catherine Nichols			
Father's Name	Dont know			Father's Birthplace		
Mother's Maiden Name	"			Mother's Birthplace		
Name of person giving information	Jacob Fitz - 			How related to deceased		

CAUSES OF DEATH

Primary	General debility		How long	8 or 10 yrs
Immediate	uremia -		How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Letas R Forth Physician	
Yes		Address	Ostentum 3rd West	

PHYSICIAN  
OR CORONER

Accident or Suicide?

Meadow Branch ~~Canyon~~

Name  
in  
Full

Robt Le Roy Phelps

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	MT. AIRY	Town.	Carroll	County	MARYLAND	
Date of death	1906	Month August	15 <sup>th</sup>	Day	Years	Month
Sex	male	Color or Race	white	Age	—	Days
Occupation				Where Residing if not at place of death		
Married, Single or Widowed				Name of Wife or Husband		
Father's Name	Francis A. Phelps			Father's Birthplace	Baltimore	
Mother's Maiden Name	Blanchy A. Birkey (S)			Mother's Birthplace	Baltimore	
Name of person giving information	Father			How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Marasmus

(15)

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

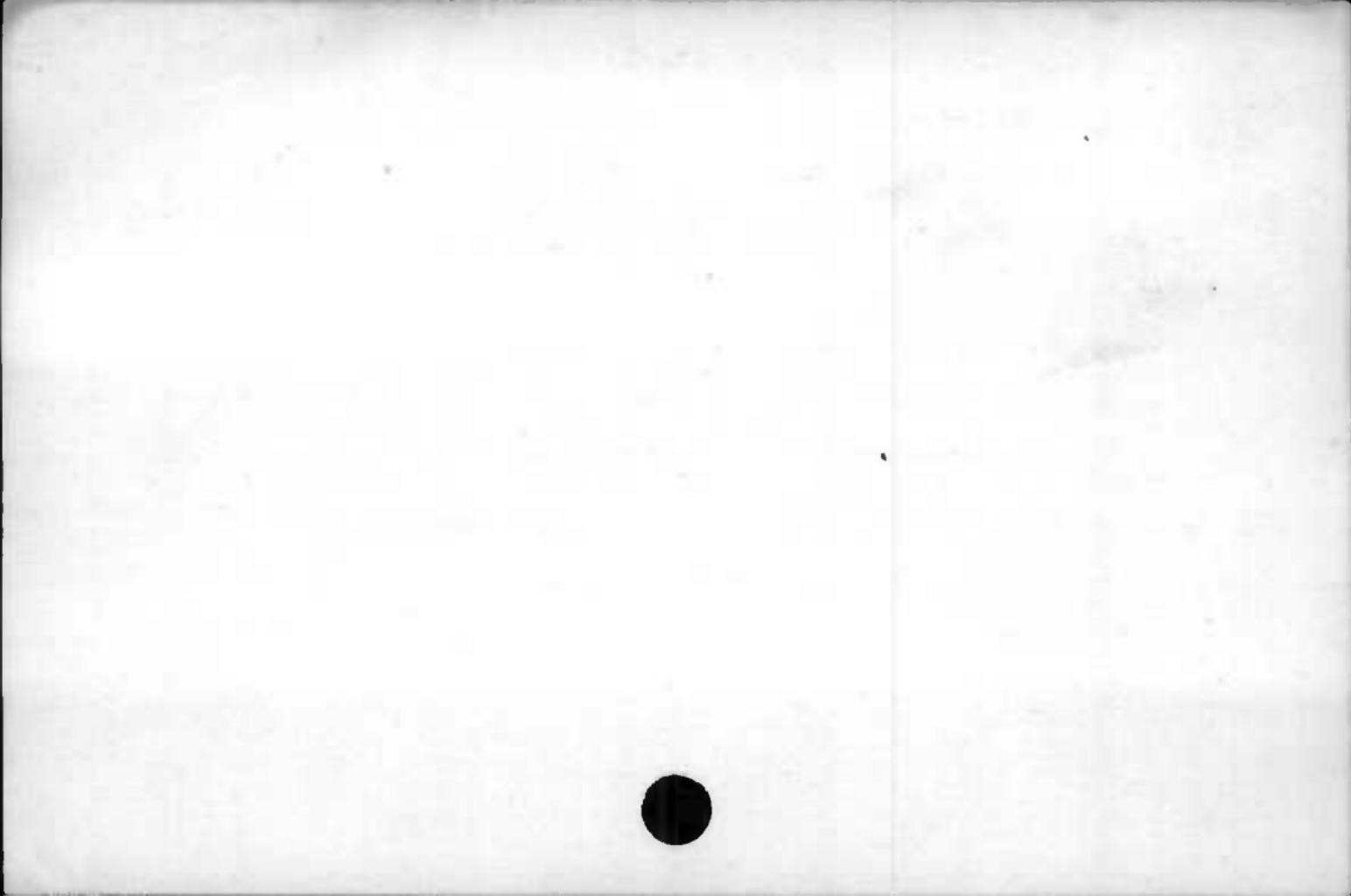
Signature of Physician

Address

R. E. Faver

MT. AIRY MD

Accident or Suicide?



Name  
in  
Full

No. 58

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>near Gamber</u>		Town	County <u>Carroll</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Aug</u>	Day <u>26</u>	Age <u>11</u>	Years	Months <u>8</u>	Days <u>14</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth- place <u>Maryland</u>			
Occupation <u> </u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband					
Father's Name <u>Nathan G Pool</u>				Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Martha W Phillips</u>				Mother's Birthplace <u> </u>		
Name of person giving Information <u>Nathan G Pool.</u>				How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Typhoid fever



How long

3 weeks

Immediate

Intestinal perforation

How long

2 days

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

D.S.N. Goracke

Gamber

Md

Accident or Suicide?



Name  
in  
Full

Gertrude Margaret Sanders.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
	Near Dancytown	Carroll			
Date of death	Month	Day	Years	Months	Days
1906	August	23	13	6	8
Sex	Color or Race	Birth-place			
Female	White	Md. Co. Md.			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Single	William Edmund Sanders.	Adams C. Pa.			
Father's Name	Mother's Birthplace				
Mary Frances 72 years.	Adams Co. Pa.				
Mother's Maiden Name	How related to deceased				
Name of person giving information	Father				
	J. T. S. Sanders.				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cerebro-Spinal Meningitis		How long	3 weeks.
Immediate	Failure of Respiration		How long	4 hours.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. T. S. Sanders. M.D.	
		Address	Dancytown. Md.	
Accident or Suicide?				



Name  
in  
Full

Melvin Franklin Shearer.  
Town  
Carroll

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Lineboro	County	MARYLAND
Date of death	Month	Day	Years
1906	Aug.	6	2.
Sex	Male	Color or Race	white
Occupation	Where Residing If not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	William F. Shearer.		
Mother's Maiden Name	Ida Buff		
Name of person giving Information	Mrs W.F. Shearer.		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Dysentery

X

How long

Six days

Immediate

Convulsions

How long

Are the name, age, sex, color, date  
and place correctly given above?

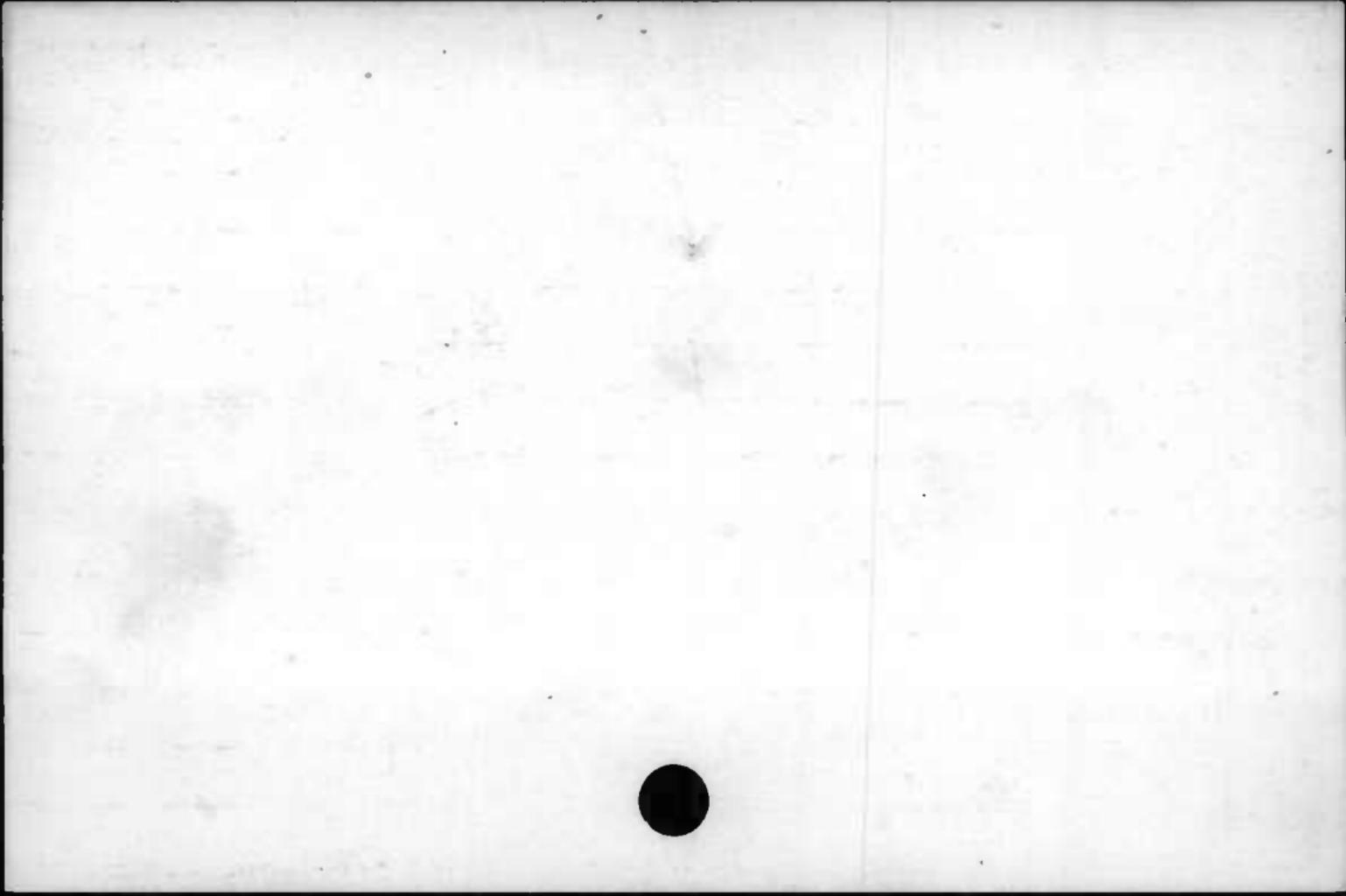
yes

Signature of  
Physician

Address

T. Howard Mertz,  
Lineboro  
Md

Accident or Suicide?



Name  
in  
Full

Alice Shipley

CERTIFICATE OF DEATH

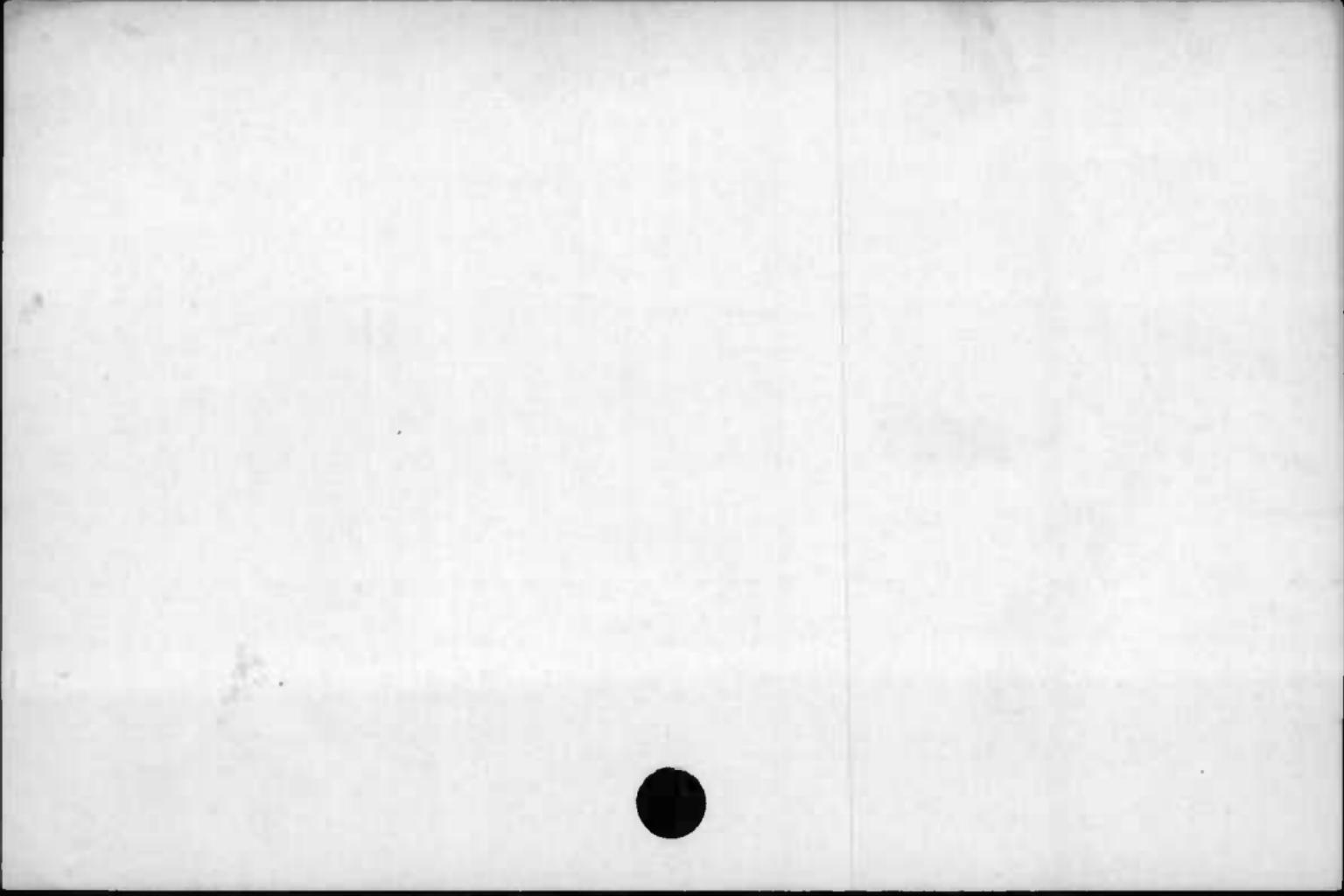
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
1906	August	7 <sup>th</sup>	Age 55	- -
Sex	Female	Color or Race	White	Birth-place Md
Occupation	Housekeeper Where Residing If not at place of death			
Married, Single or Widowed	Widowed	Name of Wife or Husband	2 — Shipley	
Father's Name	2 — Woodward	Father's Birthplace	2	
Mother's Maiden Name	2	Mother's Birthplace	2	
Name of person giving information	G. A. Iglehart	How related to deceased	No relationship.	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Organic Dementia		68	How long	over 1 year
Immediate	& exhaustion			How long	-
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	John Norfolk Morris, M.D.	
			Address	Springfield Hospital Lykessville, Carroll Co. Md.	
Accident or Suicide?		-			



Name  
In  
Full

William Albert Shoemaker

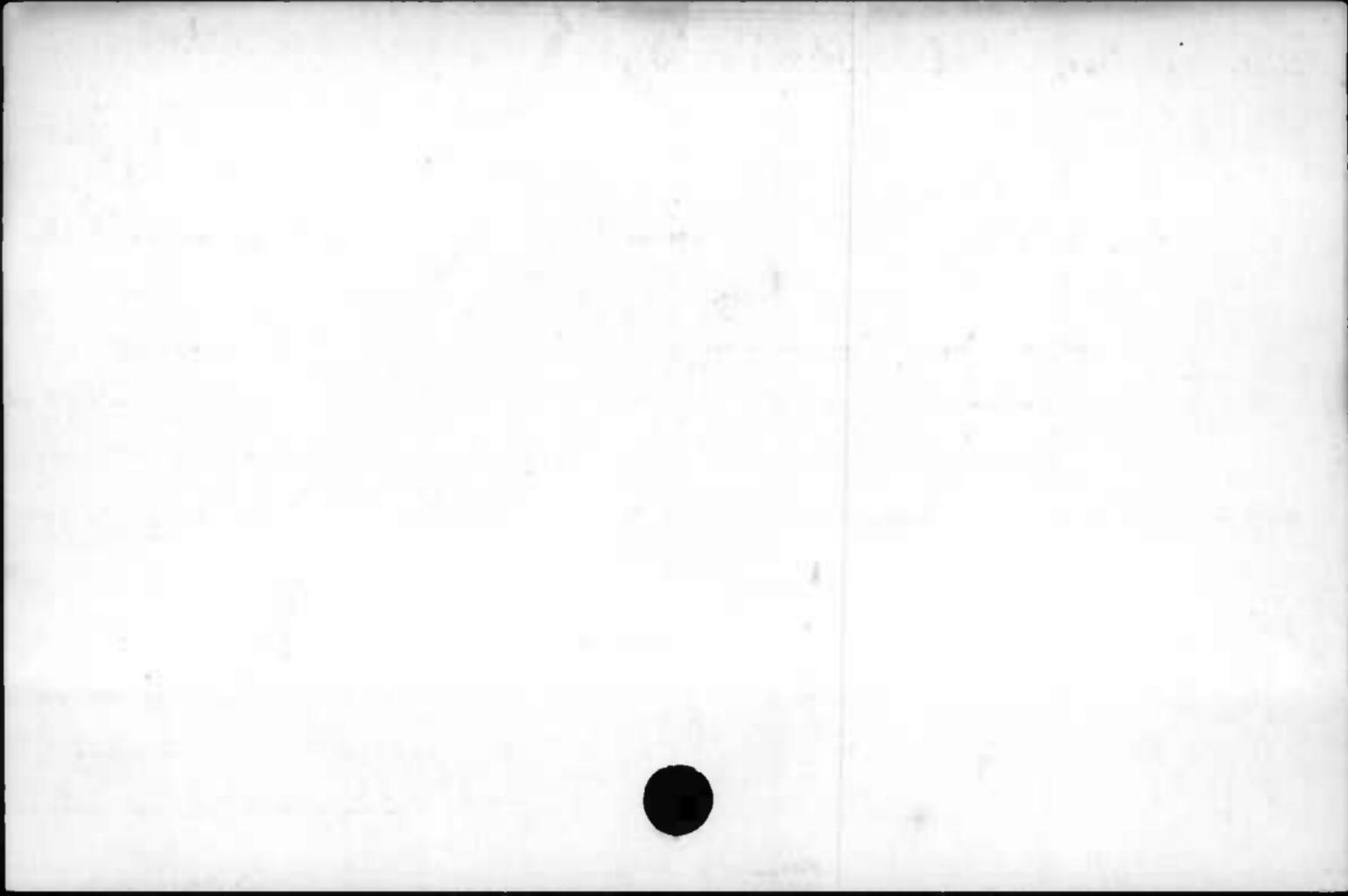
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906	8	31	63	1	13
Sex	Male	Color or Race	White	Birth- place	Med
Occupation	Farmer				
Married, Single or Widowed	Married	Name of Wife or Husband	Where Residing If not at place of death		
Father's Name	William Shoemaker		Father's Birthplace	Md	
Mother's Maiden Name	Mariah Benner		Mother's Birthplace	Pa	
Name of person giving Information	Amanda Shoemaker		How related to deceased	Wife	

CAUSES OF DEATH

Primary	Volvulus? Obstruction of bowel	How long	3 days
Immediate	Exhaustion & Shock	How long	Shows -
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Charles D. Ross
		Address	Tarrytown, N.Y.
Accident or Suicide?			



Name  
in  
Full

Margaret Shriner

52

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Westminster	Town	County	Carroll	MARYLAND	
Date of death	1906	Month Aug.	Day 8	Years 87	Months 9	Days 11
Sex	Female	Color or Race	White	Birth-place	Maryland	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Abraham Shriner					
Mother's Maiden Name	Anna May Johnson					
Name of person giving information	Geo Shriner					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Old age

154

How long

Some months

Immediate

Heart Failure

How long

" "

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Jas. H. Bellows Jr.  
Washington D.C.

Accident or Suicide?

No

Sharon  
Minotaur

Name  
in  
Full

Daniel H Stansbury

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Greenmantle Carroll Co Md		Carroll				
Date of death	Month	Day	Years	Months	Days	
1906	Aug	6	44	6	29	
Sex	Male	Color or Race	White	Birth- place	near Greenmantle	
Occupation	Ret Farmer		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	H. Annie Stansbury			
Father's Name	Geo H Stansbury		Father's Birthplace			
Mother's Maiden Name	Margaret A <del>Farmer</del>		Mother's Birthplace			
Name of person giving Information	Jos Stansbury		How related to deceased	Bro		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Toxic Pulmonary  
hemorrhage

(2)

How long

10 yrs

Immediate

How long

4 days

Are the name, age, sex, color, date  
and place correctly given above?

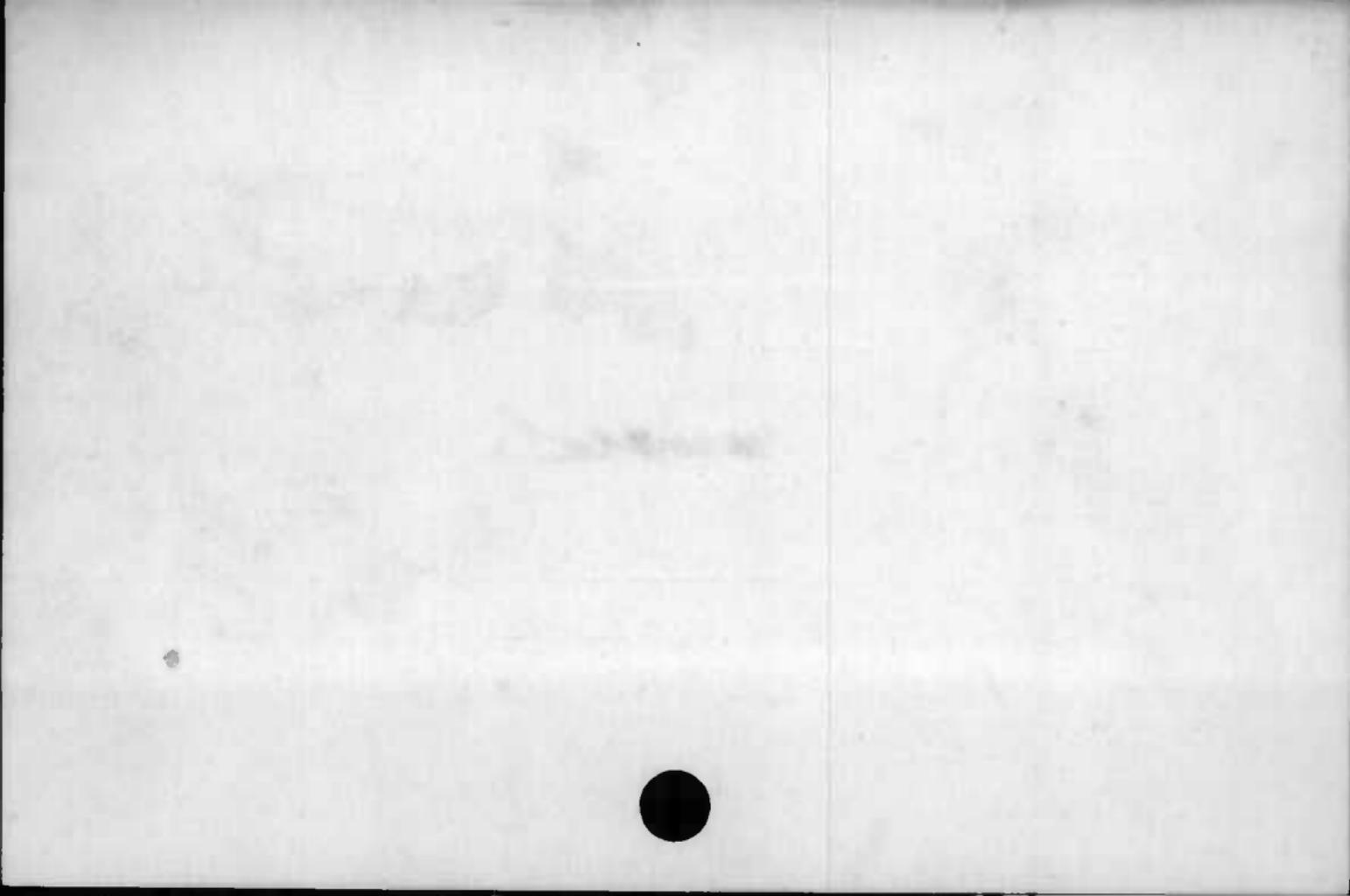
yes

Signature of  
Physician

Address

J. D. Prentiss MD  
Graceland  
yed

Accident or Suicide?



Samuel Jacob Webster

Town

County

Carroll

MARYLAND

Died at Linetown

1906

Month Aug

Day 25

Y.

M.

D.

Native of Pennsylvania

Occupation

Date 1887

Male

White

Age

8

20

Female

Colored

Married

Single

Widow

Widower

Divorced

Number of children living

Husband of  
WifeFather's  
Name

W H Webster

Mother's  
Name

Eliza Hershey

Cause of

Primary

Cholera Infarction

How long sick

1 day

Death

Immediate

Accident, Suicide, Homicide

Reported by

J H Sherman

(105)

Address

Manchester Carroll Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Margaret Witaker

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Johnsville	Deawell		Months	Days
Date of death 1906	Month August	Day 25 <sup>th</sup>	Age 2	2
Sex Female	Color or Race colored	Birth-place Md		
Occupation Infant	Where Residing if not at place of death Johnsville			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name George Witaker	Father's Birthplace Md			
Mother's Maiden Name Louise Dorsey	Mother's Birthplace Md			
Name of person giving information George Witaker	How related to deceased Father			

CAUSES OF DEATH

Primary

Peritonitis

116

How long

Immediate

Peritonitis

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Harry F. Leuler (Coroner)  
Hydesville Md

PHYSICIAN  
OR CORONER

Accident or Suicide?

*Peritonitis*

Name  
in  
Full

ms Ellen

Wolfe

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Henryton	Town	Carroll	County	MARYLAND		
Date of death	1906	Month	30	Day	Years	Months	Days
Sex	Female	Color or Race	white	Birth-place	Carroll Co, Md		
Occupation	~~~~~			Where Residing if not at place of death	~~~~~		
Married, Single, or Widowed	Name of Wife or Husband			C. A. S. Wolfe deceased			
Father's Name	John B. Berries			Father's Birthplace	Carroll Co.		
Mother's Maiden Name	Sarah King			Mother's Birthplace	Baltimore, Md.		
Name of person giving information	Octavius Berries			How related to deceased	2 <sup>nd</sup> Cousin		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Gastritis	(104)	How long	80-10 days
Immediate	Failure of Circulation		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Daniel B. Sprecher	
		Address	Sykesville Md.	
Accident or Suicide?	S			

